

Manual Handling of Loads - Assessment Check List No 1 (SHE 17)

Location:
Date:
Operation:

Note: consider the following

- Risk of Injury
- Identify steps to remove or reduce risk
- Decide priorities for action

SECTION A – PRELIMINARY

Question 1. DO THE OPERATIONS INVOLVE SIGNIFICANT RISK OF INJURY? YES/NO

If **yes** go to question 2
 If **no** record and sign, date and file.
 If unsure answer **yes**

Question 2. CAN THE OPERATION BE AVOIDED, MECHANISED, AUTOMATED? YES/NO

If **no** go to question 3
 If **yes** proceed to a plan of action and implement it.

Question 3. ARE THE OPERATIONS WITHIN THE GUIDANCE FIGURES GIVEN? YES/NO

If **no** go to check list No 2
 If **yes** go to section B

SECTION B - OVERALL ASSESSMENT OF RISK

What is your overall assessment of the risk of injury? insignificant/low/medium/high?

If **low, medium or high** go to Section C
 If **insignificant** record, sign, date and file

SECTION C - REMEDIAL ACTION

What steps are necessary in order to remove or reduce risk of injury? List in order of priority

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

SECTION D - SUMMARY: Operations covered by this assessment

Description of the operation:	Personnel involved:	Assessment Date:

Section	Revision No	Issue Date	Review Date	Approved
SHE17	1	July 2011	July 2012	Yes/BMP

Date remedial action to be completed by

Date of re-assessment:

Assessors Name:

Assessors Signature:

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