

Manual Handling Female

Assessment Report (MHRA)

Employee Name:		Report No:	
Work Description:		Report Downloaded:	
Department/Location:		Assessment:	
Assessment Carried out by:		Assessor Name:	

MHRA Ref:		Yes/No	Level of Risk	Action Required
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1. TRAINING

1.1	Has Manual Handling Training been provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>		
1.2	If Yes , has the Manual Handling Training Schedule been signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>		
1.3		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>		

2. WEIGHT

2.1	Is more than 3 kg involved and handled from a seating position?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
2.2	Is more than 10 kg involved and handled in a working posture other than seated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

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MHRA Ref:		Yes/No	L of		Action Required
2.3	Are weights of more than 16 kg involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
2.4		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

3. FORCES

3.1	Are large pushing and/or pulling forces involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
3.2	Is the load difficult to handle (e.g. size/ shape/ temperature etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
3.3	Is it difficult or unsafe to get adequate grip of the load?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
3.4		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

4. DURING MANUAL HANDLING

4.1	Is there frequent or prolonged bending of the body?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4.2	Is there frequent or prolonged reaching above the shoulder?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

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4.3	Is there frequent or prolonged bending due to reaching forward?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4.4	Is there frequent or prolonged twisting of the back?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4.5	Is the task performed in a confined space?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4.6	Is the lighting inadequate for safe manual handling?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4.7	Is the climate particularly cold or hot?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4.8	Is it windy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4.9	Are the floor working surfaces uneven, slippery or otherwise unsafe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4.10	Are awkward postures assumed often or over prolonged periods?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

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4.11	Is the manual handling performed frequently or for long time periods?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4.12	Are loads moved or carried over long distances?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4.13	Is the employee new to the work or returning from an extended period away?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4.14	Are there physical factors to be considered (i.e. height, body size, disabilities)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4.15	Does the uniform /personal protective equipment hamper manual handling performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4.16	Is the employee trained in appropriate handling techniques?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4.17		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Assessor Name:		Supervisor Name:	
Signature:			
Date:			