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| **Manual Handling Competency Assessment Form** |  |
| **Inanimate Load Handling Tasks** | **eESS input** |

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| --- | --- | --- | --- |
| **NAME** | **JOB TITLE** | **SITE / DEPARTMENT** | **PAYROLL NO / eESS ID** |
|  |  |  |  |



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| --- | --- | --- | --- | --- | --- |
| **Task observed & details of equipment used:** | | | | | |
| **Rating** | **Criteria**  From visual observation or oral questioning as appropriate | **Yes** | **No** | **N/A** | **Comments / Feedback** |
| **E**  **(Essential)** | Demonstrates dynamic risk assessment of the task and environment |  |  |  |  |
| **E** | Avoids excessive top heavy / twisting posture |  |  |  |  |
| **D**  **(Desirable)** | Conveys an understanding of the risk(s) associated within the task |  |  |  |  |
| **D** | Demonstrates appropriate selection and use of equipment and carries out equipment checks |  |  |  |  |
| **D** | Clear communication with colleagues before and during the task |  |  |  |  |
| **D** | Use of efficient movement |  |  |  |  |

**Feedback**

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| --- | --- | --- | --- | --- | --- | --- |
| **Score** (Initial) | **LOW RISK**  All essential and desirable observed  No further input required.  **Reassess in 18 months** |  | **MEDIUM RISK**  All essential and some desirable observed  Verbal feedback, guidance and self-assessment form to be completed.  **Reassess in 12 months** |  | **HIGH RISK**  no essential and no / some desirable observed  Verbal feedback and referral to Moving and Handling Team.  **Reassess in 1 month** |  |

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| Common elements requiring feedback + Essential information (initial or mark as N/A) | **Discussed** | **Demo** | **Practised** |
| Coaching – application of efficient movement principles |  |  |  |
| Risk Assessment: Load / Individual capability / Task / Preparation of the environment |  |  |  |
| Coaching given in relation to technique for specific task assessed (in line with guidance notes) |  |  |  |
| Information and guidelines available from the moving and handling department |  | N/A | N/A |

**Specific feedback and action required:**

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| **Self assessment check**  Do you need any further manual handling advice / support at this time? **Yes / No** If yes, please detail above |

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| **Assessors Name:** |  | **Assessors signature:** |  |  |  |
| **Staff members Name:** |  | **Staff members signature:** |  | **Date:** |  |