**Generic Load Moving and Handling Risk Assessment Form**

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| **Site / Hospital** |  | **Reference No.** |  |
| **Department** |  | **Date of Assessment** |  |
| **Assessor** |  | **Local Manager** |  |
| **Operation / Activity Being Assessed** |
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| **Manual Handling Risks Associated With The Activity**List hazards associated with lifting, lowering, pushing, pulling, twisting, carrying and working in an awkward posture. The risks involved may include issues relating to; the **Task** – carrying long distances, stooping twisting etc or involving equipment – is it maintained, in good working order etc; the  **Individual** – previous / current health problems, pregnancy etc; the **Load** – heavy, unstable, sharp, hot etc; the **Environment** – space, flooring, lighting etc; **Other** Factors including  |
|  |
| **Current Control Measures** Only mention those control measure currently in place and not what you intend to put in place. In addition to noting the current control measures, you should identify any problems associated with the measure e.g. a task previously assessed and communicated to staff as requiring 2 people that is still often done by one person |
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| **Further Control measures Required** |
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| **Risk Level** | **LOW** |  | **MEDIUM** |  | **HIGH** |  | **Very High** |  |  |
|  |
| **Date** |  |  |  |  |
| **Signature** |  |  |  |  |
| **Proposed review date** |  |  |  |  |