

MANUAL HANDLING STAGE 2 ASSESSMENT MHA2

To be completed in accordance with SCoP 12 Manual Handling Assessment. On completion, ensure this is attached to MHA3 and signed off.

Signed	Click or tap here to enter text.	Dated (dd/mm/yy)	Click or tap to enter a date.
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1. ONCE COMPLETED PRINT OFF AND ATTACH TO MHA3 TO SIGN OFF THE ASSESSMENT
2. THE PROPOSED REMEDIAL ACTION BOX WILL SET OUT HOW THIS MANUAL HANDLING ACTIVITY WILL BE CONDUCTED SAFELY
3. COMPLETE THE ACTION PLAN IN MHA3 SETTING OUT THE ARRANGEMENTS NECESSARY TO ENSURE THE MANUAL HANDLING ACTIVITY IS CARRIED OUT SAFELY

STAGE 2 DETAILED MANUAL HANDLING ASSESSMENT						
QUESTIONS		LEVEL OF RISK			POTENTIAL PROBLEMS IDENTIFIED	PROPOSED REMEDIAL ACTION Set out changes needed and reference each to be identified in the Action Plan
If the answer to a question is 'YES' confirm the level of risk and complete additional boxes.		YES/NO	HIGH	MED		
TASK						
Holding loads away from torso?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Twisting?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stooping?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Reaching upwards?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Large vertical movement?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Long carrying distances?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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YES/NO		HIGH	MED	LOW		
If the answer to a question is 'YES' confirm the level of risk and complete additional boxes.						
Strenuous pushing or pulling?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Unpredictable movement of loads?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Repetitive handling?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Insufficient rest or recovery?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A work rate imposed by a process?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
INDIVIDUAL						
Require unusual capability?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Staff with a health problem?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Staff who are pregnant?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Special information/training?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
LOADS						
Heavy?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bulky/unwieldy?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Difficult to grasp?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Unstable/unpredictable?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Harmful (e.g. sharp / hot?)	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ENVIRONMENT						
Constraints on posture/space?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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YES/NO		HIGH	MED	LOW		
If the answer to a question is 'YES' confirm the level of risk and complete additional boxes.						
Poor floors?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Variations in levels?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hot/cold/humid conditions?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Strong air movements?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Poor lighting conditions?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		