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| **ES10a** | **Lifting and Carrying Risk Assessment** |
| **Unit Address** |  |
| **Risk Assessment Completed** | Date | Signed |
| **1st review** | Date | Signed |
| **2nd review** | Date | Signed |
| **3rd review** | Date | Signed |

**Note** - Risk assessments must be reviewed every 3 years, whenever there is a significant change in the activity, and following any incident involving the activity. Risk assessments must be retained for a period of 6 years.

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| Task name: |  |
| Task description/location: |  |
| Maximum load weight: |  | Frequency of lift: |  |
| Maximum carry distance:(if applicable) |  | People involved: |  |

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| Step 1 – Assess the task |
| Do the tasks involve: | YES | NO | Problems with the task | Possible remedial actions.What can be done to help? |
| * holding loads away from torso?
 |  |  |  |  |
| * twisting?
 |  |  |
| * stooping?
 |  |  |
| * reaching upwards?
 |  |  |
| * large vertical movement?
 |  |  |
| * long carrying distances?
 |  |  |
| * strenuous pushing or pulling?
 |  |  |
| * unpredictable movement of loads?
 |  |  |
| * repetitive handling?
 |  |  |
| * insufficient rest or recovery?
 |  |  |
| * a work rate imposed by a process?
 |  |  |

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| Step 2 – Assess the load |
| Are the loads: | YES | NO | Problems with the task | Possible remedial actions.What can be done to help? |
| * heavy?
 |  |  |  |  |
| * bulky or unwieldy?
 |  |  |
| * difficult to grasp?
 |  |  |
| * unstable or unpredictable?
 |  |  |
| * intrinsically harmful e.g. sharp/hot
 |  |  |
| Step 3 – Consider the working environment |
| Are there: | YES | NO | Problems with the task | Possible remedial actions.What can be done to help? |
| * constraints on posture?
 |  |  |  |  |
| * uneven/poor quality floor surfaces?
 |  |  |
| * slopes or variations in level?
 |  |  |
| * hot/cold humid conditions??
 |  |  |
| * strong winds or air movement?
 |  |  |
| * poor lighting?
 |  |  |
| Step 4 – Consider individual capability |
| Does the job: | YES | NO | Problems with the task | Possible remedial actions.What can be done to help? |
| * require unusual capability?
 |  |  |  |  |
| * pose a risk to anyone with a health problem?
 |  |  |
| * pose a risk to anyone with a disability?
 |  |  |
| * pose a risk to those who are pregnant?
 |  |  |
| * pose a risk to new/ young people?
 |  |  |
| * require special information/training?
 |  |  |
| Step 5 – Action Plan |
| Action to be taken | By whom? | By when? | Completed Y/N |
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