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|  | **Health & Safety Risk Assessment Form** | | |
| **Ref: CF:034:03:T** | **RE: Task Specific Manual Handling (inanimate load) Risk Assessment Form** | | |
| **Issue date:** | April 2018 | **Revised Date:** | October 2023 |
| **Author(s):** | National Health & Safety Function | | |
| **Legislation** | Under Section 19 of the Safety, Health and Welfare at Work Act, 2005 and associated Regulations, it is the duty of the employer to identify the hazards and assess the associated risks in the workplace. All risk assessments must be in writing and the necessary control measures to eliminate or minimise the risk documented and implemented. | | |
| **Note:** | When conducting task specific manual handling (inanimate load) risk assessments consideration should be paid to the risk presented and the means of avoiding and mitigating any such risk so far as is reasonably practicable.  *It is the responsibility of local management to implement any remedial actions identified.* | | |

CF:034:03:T Task Specific Manual Handling (inanimate load) Risk Assessment Form

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| **Task Specific Manual Handling (Inanimate Loads) Risk Assessment Form** | |
| **Division:** | **Source of Risk:** |
| **HG/CHO/NAS/Function:** | **Primary Impact Category:** |
| **Hospital Site/Service:** | **Risk Type:** |
| **Dept/Service Site:** | **Name of Risk Owner (BLOCKS):** |
| **Date of Assessment:** | **Signature of Risk Owner:** |
| **Unique ID No:** | **Risk Co-Ordinator:** |
| **Objective being impacted:** | **[[1]](#footnote-1)Risk Assessor(s):** |
| **Task Description** | |
| **Description of task being assessed to include technical details** |  |
| **Where is the task being carried out?** |  |
| **Personnel involved in task** |  |
| **Frequency of task /duration of task** |  |
| **Consider** | **Can the activity be avoided? YES**  **NO**  **If No, continue with the assessment and record.** |

**Identify the appropriate risk factors\***

|  |  |
| --- | --- |
| **INANIMATE LOAD** |  |
| Too heavy or too large |  |
| Unwieldy/difficult to grasp |  |
| Unstable or contents likely to shift/move unexpectedly |  |
| Manipulated or held at distance from trunk |  |
| Shape requires bending/twisting of trunk |  |
| Temperature, contours, consistency, texture unsuitable |  |

|  |  |
| --- | --- |
| **OTHER** |  |
| Movement or posture hindered by clothing or PPE |  |
| Suitable PPE available and being worn |  |
| Quantity, availability and suitability of equipment |  |
| Staffing levels |  |
| Supervision of manual handling activities |  |

**(Please Tick)**

|  |  |
| --- | --- |
| **INDIVIDUAL** |  |
| Physically unsuited to task in question |  |
| Unsuitable clothing/footwear/other personal effects |  |
| Inadequate training or knowledge |  |
| Young, old or inexperienced employee |  |
| Pregnant or breastfeeding employee |  |
| Employee physically unfit |  |

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| **TASK** |  |
| Over frequent |  |
| Over prolonged |  |
| Involves the spine |  |
| Insufficient rest / recovery |  |
| Excessive lifting or lowering |  |
| Excessive carrying distances |  |
| Fixed work rate imposed by process |  |
| Too strenuous |  |
| Only achieved by twisting movement of trunk |  |
| Likely to result in sudden movement of load |  |
| Made with body in unstable posture |  |

|  |  |
| --- | --- |
| **ENVIRONMENT** |  |
| Space or vertical/height restrictions, narrow corridors |  |
| Floor uneven, slippery or has varying surface |  |
| Workplace prevents lifting/handling at safe height |  |
| Floor/footrest unstable |  |
| Temperature, humidity, lighting, ventilation unsuitable |  |
| Stairs |  |
| Trailing leads, untidy storage or other trip hazards |  |

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\* Adapted from Schedule 3 to the Safety, Health and Welfare at Work General (Application Regulations), 2007

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| **[[2]](#footnote-2)HAZARD & RISK DESCRIPTION** | | | **EXISTING CONTROL MEASURES** | | | **ACTIONS [ADDITIONAL CONTROLS] REQUIRED** | | | | **[[3]](#footnote-3)ACTION OWNER** | | **DUE**  **DATE** |
|  | | |  | | |  | | | |  | |  |
| **[[4]](#footnote-4)Inherent Risk** | | | **[[5]](#footnote-5)Residual Risk** | | | **[[6]](#footnote-6)Target Risk** | | | **Risk Status** | | | |
| **Likelihood [1-5]** | **Impact**  **[1-5]** | **Rating**  **[Likelihood x Impact]** | **Likelihood**  **[1-5]** | **Impact**  **[1-5]** | **Rating**  **[Likelihood x Impact]** | **Likelihood**  **[1-5]** | **Impact**  **[1-5]** | **Rating**  **[Likelihood x Impact]** | **Open** | | **Monitor** | **Closed** |
|  |  |  |  |  |  |  |  |  |  | |  |  | |

1. Risk Assessor required for OSH risks only. [↑](#footnote-ref-1)
2. Where the risk being assessed relates to an OSH risk please ensure the HAZARD and associated risk are recorded. Other risk assessments require a risk description only. [↑](#footnote-ref-2)
3. Person responsible for the action. [↑](#footnote-ref-3)
4. Rating **before** consideration of existing controls. [↑](#footnote-ref-4)
5. Rating **after** consideration of existing controls. [↑](#footnote-ref-5)
6. Desired rating **after** actions. [↑](#footnote-ref-6)