

# Individual Manual Handling Assessment Form



This form is intended for the use of NIG customers. Please note that the form is not intended to be fully comprehensive and may well require other inclusions due to the nature of your specific trade/activities/ premises, etc. It is your duty to ensure compliance with the relevant legislation. Should you have any uncertainties in this regard we recommend that you consult the appropriate Regulations or seek expert help before using this tool.

Name of Employer/Company

Name of Employee:

Address of Employee:

Employees working location

## General Details

Reason for assessment: (e.g. general assessment, following an accident/near miss, changes in work/ processes, etc.):

Job title and brief details of work undertaken:

Period job held & whether full or part time worker

Employees General State of health /fitness relevant to this assessment:  
(e.g. taking into account the employees height, age, weight, etc.)

Detail any previous Manual handling training and instruction, including details of the instructor and the date the training was provided:

Individual Assessment form (under) completed by:

on (date):

Remedial Action required following assessment:  
(detail or cross reference to individual assessment form under)

Authorised by:

with following time scales:

on (date)

Review of assessment due:

## Individual Assessment Form

The Task – Does your work involve	Yes No	If Yes: Detail any problems from or associated with the task	Detail remedial action required or suggested action	Comments/remedial action completed
Holding a load away from trunk?				
Twisting?				
Stooping?				
Reaching upwards?				
Large vertical movements?				
Long carrying distances?				
Strenuous pushing or pulling?				
Unpredictable movement or loads?				
Repetitive handling?				
Insufficient rest/recovery?				
A work rate imposed by a process?				

## Individual Assessment Form

The Task – Does your work involve	Yes No	If Yes: Detail any problems from or associated with the task	Detail remedial action required or suggested action	Comments/remedial action completed
<b>The Load- are the loads you handle</b>				
Heavy?				
Bulky/unwieldy?				
Difficult to grasp?				
Unstable/unpredictable?				
Sharp/hot or otherwise harmful?				
<b>The Environment – Do you experience</b>				
Constraints on space?				
Poor/uneven/slippy floors?				
Variations in levels/work surfaces?				
Hot/cold/humid conditions?				
Strong air movement?				
Poor lighting?				

## Individual Assessment Form

The Task – Does your work involve	Yes No	If Yes: Detail any problems from or associated with the task	Detail remedial action required or suggested action	Comments/remedial action completed
<b>Individual Capabilities - Does the job</b>				
Require unusual physical capability?				
Pose a hazard for those with health problems or who are pregnant?				
Call for special information/training?				
<b>Detail any other Relevant Factors</b>				
Source of table: Health & Safety Executive Note reproduced: with their approval				

