

Manual Handling Risk Assessment

Name	
Approx Height	
Approx Weight	
Is lifting/ Moving assistants required?	
Does the individual have history of falls?	
Does the individual have any Behavioural constraints?	
Disability	
Does the individual have any Weakness?	
Does the individual have any Pain?	
Does the individual have any Skin Condition?	
Does the individual have any medical attachments? (Catheter, Stoma,Oxygen)	
Is there a risk to PA's Posture?	

Manual Handling Tasks	
Task	Short description of method and equipment required.
1	
2	
3	

Action Plan Summary		
Hazard	Action/ techniques recommended	Date By
1		
2		
3		

Date/ Sign	
Review Date/ Sign	





