

Pulling and Pushing

This checklist is provided to assist the assessment of manual handling risks and should be used as a guide when assessing a manual handling task. It should be used by members of staff who have received training in manual handling risk identification, assessment and control.

Section A: Preliminary

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| <p>Task Name:</p> <p>Task Description:</p> <p>Weight of load:</p> <p>Frequency of lift:</p> <p>Carry distances (if applicable):</p> <p>Twisting involved: Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Is assessment needed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>An assessment is needed if there is a potential risk of injury, e.g. if the task falls outside the guidelines in Appendix 1.</p> |
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If yes, continue. If no, the assessment need go no further

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| <p>Operations covered by this assessment (detailed description):</p> <p>Locations:</p> <p>Personnel involved:</p> <p>Date of assessment:</p> | <p>Diagrams (other information including existing control measures)</p> |
| <p>Overall assessment of the risk of injury? (please tick as appropriate) <input type="checkbox"/>Low <input type="checkbox"/>Medium <input type="checkbox"/>High</p> <p>Make your overall assessment after you have completed Section B.</p> | |

Section B: More detailed assessment if required

| Questions to consider | If yes, tick appropriate level of risk | | | Problems occurring from the task (make rough notes in this column in preparation from the possible remedial action to be taken) | Possible remedial action e.g. changes that need to be made to the task, load, working environment etc. Who needs to be involved in implementing the changes? |
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| | Low | Medium | High | | |
| The tasks - do they involve: <ul style="list-style-type: none"> • High initial forces to get load moving? • High forces to keep load in motion? • Sudden movements to start, stop or manoeuvre the load? • One handed operations? • Hands below waist/above shoulder height? • Movement at high speed? • Movement over long distances? • Repetitive pushing/pulling? | | | | | |
| The load to be moved <ul style="list-style-type: none"> • Does it lack good handholds? • Is it unstable/unpredictable? • Is vision over/around it restricted? If on wheels/castors, are they: <ul style="list-style-type: none"> • Unsuitable for the load? • Unsuitable for the environment? • Difficult to steer? • Easily damaged or defective? • Without brakes/difficult to stop? | | | | | |
| The working environment – are there: <ul style="list-style-type: none"> • Constraints on posture? • Confined spaces/narrow doors? • Surfaces/edges that could cause cuts, burns or abrasions? • Poor/damaged/slippery/uneven floors? • Tripping hazards? • Poor lighting? • Hot/cold/humid conditions? • Strong air movements? | | | | | |
| Individual capability – does the job: <ul style="list-style-type: none"> • Require unusual capability? • Hazard those with a health problem? • Hazard those who are pregnant? • Call for special information/training? | | | | | |
| Other factors: Is movement or posture hindered by clothing or personal protective equipment? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |