



Task Specific Manual Handling (Inanimate Loads) Risk Assessment Form

Division: CHO 8 Older Person's Services Drogheda	Source of Risk: Risk Assessment on Inanimate Manual Handling Tasks
HG/CHO/NAS/Function: CHO8	Primary Impact Category:. Harm to Person
Hospital Site/Service: The Village Residence	Risk Type: _ Operational
Dept/Service Site: The Village Residence	Name of Risk Owner (BLOCKS): Seamus Mc Caul
Date of Assessment: 20/09/2023	Signature of Risk Owner: As Above
Unique ID No: RA 002	Risk Co-Ordinator: Maura Ward
	*Risk Assessor (s): Leena Varghese, Seamus Mc Caul
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 <input type="checkbox"/> NO <input type="checkbox"/> If No, continue with the assessment and record.



Identify the appropriate risk factors¹

(Please Tick)

INDIVIDUAL	<input type="checkbox"/>
Physically unsuited to task in question	<input type="checkbox"/>
Unsuitable clothing/footwear/other personal effects	<input type="checkbox"/>
Inadequate training or knowledge	<input type="checkbox"/>
Young, old or inexperienced employee	<input type="checkbox"/>
Pregnant or breastfeeding employee	<input type="checkbox"/>
Employee physically unfit	<input type="checkbox"/>

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

INANIMATE LOAD	<input type="checkbox"/>
Too heavy or too large	<input type="checkbox"/>
Unwieldy/difficult to grasp	<input type="checkbox"/>
Unstable or contents likely to shift/move unexpectedly	<input type="checkbox"/>
Manipulated or held at distance from trunk	<input type="checkbox"/>
Shape requires bending/twisting of trunk	<input type="checkbox"/>
Temperature, contours, consistency, texture unsuitable	<input type="checkbox"/>

ENVIRONMENT	<input type="checkbox"/>
Space or vertical/height restrictions, narrow corridors	<input type="checkbox"/>
Floor uneven, slippery or has varying surface	<input type="checkbox"/>
Workplace prevents lifting/handling at safe height	<input type="checkbox"/>
Floor/footrest unstable	<input type="checkbox"/>
Temperature, humidity, lighting, ventilation unsuitable	<input type="checkbox"/>
Stairs	<input type="checkbox"/>
Trailing leads, untidy storage or other trip hazards	<input type="checkbox"/>

OTHER	<input type="checkbox"/>
Movement or posture hindered by clothing or PPE	<input type="checkbox"/>
Suitable PPE available and being worn	<input type="checkbox"/>
Quantity, availability and suitability of equipment	<input type="checkbox"/>
Staffing levels	<input type="checkbox"/>
Supervision of manual handling activities	<input type="checkbox"/>

¹ Adapted from Schedule 3 to the Safety, Health and Welfare at Work General (Application Regulations), 2007



National Health and Safety Function, Workplace Health and Wellbeing Unit, National HR Division

**HAZARD & RISK DESCRIPTION	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	ACTION OWNER (i.e. the Person responsible for the action)	DUE DATE	
Hazard: Manual Handling (Objects) Risk: Injury to back, limbs, or other area due to Manual Handling	<ul style="list-style-type: none"> Manual Handling & People Handling Policy 2018 to be outlined and communicated to all staff. Staff to use Mechanical Aids where possible. Staff to be trained in Manual Handling Techniques Staff to complete a Task Individual Load & Environment (TILE) assessment in advance of moving the object. Staff to inform line manager if they are unsuited or not physically fit for undertaking manual handling tasks. Demonstrations on new equipment to be signed by persons receiving the demonstrations 		All staffs CNM's ADON DON	Sept2024	
INITIAL RISK			Risk Status		
Likelihood	Impact	Initial Risk Rating	Open	Monitor	Closed
2	2	4		√	

*Risk Assessor to be recorded for OSH risks only

** Where the risk being assessed relates to an OSH risk please ensure that the HAZARD and associated risk are recorded on the form. All other risk assessments require a risk description only