

Risk Assessment - Service User - Lifting & Handling

A: DETAILS OF SERVICE USER				
Name:	Age:	D.O.B:		
DISABILITIES:	WEIGHT:	HEIGHT:		
B: RISK ASSESSMENT SCHEDULE				
Activity / Task	LEVEL OF RISK			Comments
	YES	MED	NO	
B1: THE SERVICE USER:				
There is a documented history of falls				
Service user is very large (in excess of 18 stone)				
Unpredictable mobility / behaviour patterns				
Uses mobility / transfer aids				
Medical conditions affect mobility / behaviour				
Fitted with drains / drips / catheters				
B2: CAPABILITY OF STAFF MEMBER UNDERTAKING THE ACTIVITY OR TASK:				
Risk to staff member with fitness / health issues				
Risk to new / expectant mothers				
Special training required for manual handling				
Unusual capability or strength required				
Concerns regarding training / information				
B3: THE WORKING ENVIRONMENT:				
Constraints on posture				
Poor floor surfaces - trip hazards etc				
Inadequate working space - cramped etc				
Poor lighting levels				
Temperature / humidity problems				
Undue variations in working heights				
Movement or posture hindered by clothing / PPE				

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B4: PROPERTIES OF THE ACTIVITY OR TASK - the task involves:

Stooping				
Twisting of the torso				
Handling away from the torso				
Repetitive handling				
Sustained handling positions				
Insufficient time for rest or recovery				
Stressful pushing / pulling				
Manual lifting of most / all service user's weight				

B5: PROTECTIVE CLOTHING OR EQUIPMENT:

Lack of suitable equipment				
Equipment "out of service" for maintenance				
Personal protective equipment absent / not worn				
Service user's weight exceeds Safe Working Loads of equipment used				

C: ACTION PLAN, OUTCOME & FOLLOW-UP

Person conducting Risk Assessment: _____ Position: _____ Signature: _____ Date: _____

Person conducting Follow-up Audits: _____ Position: _____ Signature: _____ Date: _____