
		Health & Safety Risk Assessment Form		
Ref: CF:034:01	RE: Task specific MH (inanimate load) RA Form (worked example)			
Issue date:	April 2018	Revised Date:	June 2020	
Author(s):	National Health & Safety Function			
Legislation	Under Section 19 of the Safety, Health and Welfare at Work Act, 2005 and associated Regulations, it is the duty of the employer to identify the hazards and assess the associated risks in the workplace. All risk assessments must be in writing and the necessary control measures to eliminate or minimise the risk documented and implemented.			
Note:	<p>Please note exposure to COVID-19 may present a health risk to staff and others at our places of work. It is essential that the latest public health advice is followed and suitable control measures identified and implemented to mitigate the risk of COVID-19 infection.</p> <p>When conducting task specific manual handling (inanimate load) risk assessments consideration should be paid to the risk presented and the means of avoiding and mitigating any such risk so far as is reasonably practicable.</p> <p>Where 2 metre worker separation cannot be ensured a specific activity risk assessment must be conducted and alternative protective measures must be put in place e.g. comprehensive hygiene measures, minimising the frequency and time staff are within 2 metres of each other, minimising the number of staff involved in the task, physical barriers, provision of face masks.</p> <p><i>It is the responsibility of local management to implement any remedial actions identified.</i></p> <p><i>The following provides an explanation on how to complete the task specific manual handling (inanimate load) Risk Assessment Form.</i></p>			



Sample Task Specific Manual Handling (Inanimate Loads) Risk Assessment Form	
Division: Acute Hospitals	Source of Risk: Risk Assessment
HG/CHO/NAS/Function: HGX	Primary Impact Category: Harm to Person
Hospital Site/Service: ABC Hospital	Risk Type: Operational
Dept./Service Site: Stores Department	Name of Risk Owner (BLOCKS): Joe Bloggs, Stores Manager
Date of Assessment: 00/00/0000	Signature of Risk Owner:
Unique ID No: 1234	Risk Co-Ordinator:
	*Risk Assessor (s): Joe Bloggs and portering staff
TASK DESCRIPTION	
Description of task being assessed to include technical details	Collection of stationery delivery (boxes wrapped in cellophane) from the footpath in the storage yard and transport them to the stationery store at the rear of the office building. This task requires crossing a busy, poorly lit yard, walking up two steps to enter the building, carrying the stationery along a long corridor where obsolete equipment has been left, ascending a short flight of stairs (4 steps) and leaving the stock on the ground of the stationery store.
Where is the task being carried out?	Storage yard, corridor off office building and stationery store
Personnel involved in task	1 person i.e. The Porter on duty
Frequency of task /duration of task	Weekly / 30mins
Consider	Can the activity be avoided? YES <input type="checkbox"/> NO <input checked="" 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"/>

INANIMATE LOAD	<input type="checkbox"/>
Too heavy or too large	<input type="checkbox"/>
Unwieldy/difficult to grasp	<input checked="" 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 checked="" type="checkbox"/>
Temperature, contours, consistency, texture unsuitable	<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 checked="" type="checkbox"/>
Supervision of manual handling activities	<input type="checkbox"/>

TASK	<input type="checkbox"/>
Over frequent	<input type="checkbox"/>
Over prolonged	<input type="checkbox"/>
Involves the spine	<input checked="" type="checkbox"/>
Insufficient rest/recovery	<input type="checkbox"/>
Excessive lifting or lowering	<input type="checkbox"/>
Excessive carrying distances	<input checked="" type="checkbox"/>
Fixed work rate imposed by process	<input type="checkbox"/>
Too strenuous	<input type="checkbox"/>
Only achieved by twisting movement of trunk	<input checked="" type="checkbox"/>
Likely to result in sudden movement of load	<input type="checkbox"/>
Made with body in unstable posture	<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 checked="" type="checkbox"/>
Workplace prevents lifting/handling at safe height	<input type="checkbox"/>
Floor unstable/footrest unstable	<input type="checkbox"/>
Temperature, humidity, lighting, ventilation unsuitable	<input type="checkbox"/>
Stairs	<input checked="" type="checkbox"/>
Trailing leads, untidy storage or other trip hazards	<input checked="" type="checkbox"/>

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



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**HAZARD & RISK DESCRIPTION			EXISTING CONTROL MEASURES			ADDITIONAL CONTROLS REQUIRED			ACTION OWNER(i.e. the Person responsible for the action)	DUE DATE
Risk of musculoskeletal injury to portering staff due to force and effort required to move boxes i.e. <ul style="list-style-type: none"> • stooping and bending of the spine • Poor Lighting • Distance, ground variations/stairs and obstacles enroute 			<ul style="list-style-type: none"> • Manual Handling Policy has been brought to the attention of all staff. • Correct/appropriate footwear worn by employee carrying out this task (in line with local footwear policy/guideline). • Extra care and vigilance taken by employee when ascending or descending stairs and steps while carrying out this task • Staff (Porter) has received Manual Handling training 			<ul style="list-style-type: none"> • Remove obsolete equipment from corridor and walkways • Arrange for the weight of the boxes to be reduced and ensure that weights are displayed on the outside of the boxes. • Provide additional personnel to assist • Request supplier to deliver the goods to the stationery store • Provide a suitable stair climbing trolley for the task • Provide appropriate shelving at waist height to store stationery boxes • Adequate lighting to be provided and maintained • Re-location of the stock room to ground floor level • Provide dedicated pedestrian walkway in yard 			Enter the name (s) of the responsible person(s) for implementing each of the control measures.	Enter the date by which implementation of the additional controls to mitigate the Risks are due.
INITIAL RISK			Risk Status							
Likelihood	Impact	Initial Risk Rating	Open		Monitor		Closed			
5	3	H15	√							

*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