**Manual Handling Evaluation Form**

Please fill in your personal details below.

|  |
| --- |
| **Employee Details** |

|  |
| --- |
| Name: |

|  |
| --- |
| Job Title: |

Please complete this short Manual Handling Evaluation based on the content of the A1 Group Induction.

|  |
| --- |
| **Manual Handling Evaluation** |

Please identify 2 things you should consider before lifting:

|  |
| --- |
|  |

|  |
| --- |
|  |

Which of the following statements are TRUE when lifting *(Please tick)*:

|  |  |
| --- | --- |
| Stand at arm’s length from the load |  |

|  |  |
| --- | --- |
| Do not twist during lifting |  |

|  |  |
| --- | --- |
| Check the load before lifting |  |

|  |  |
| --- | --- |
| Bend your back at 90 degrees to the load |  |

|  |  |
| --- | --- |
| Lift with your legs |  |

|  |  |
| --- | --- |
| Carry heavy loads as quickly as possible |  |

|  |  |
| --- | --- |
| Ask for help if you need it |  |

|  |  |
| --- | --- |
| Carry the load as close to your body as possible |  |

|  |  |
| --- | --- |
| Bend your back when placing a load down |  |

|  |  |
| --- | --- |
| Keep your back straight when lifting |  |

|  |  |
| --- | --- |
| Lift heavy loads above your head |  |

|  |  |
| --- | --- |
| If lifting equipment is available, use it without training |  |

Please identify 2 of the most common manual handling injuries:

|  |
| --- |
|  |

|  |
| --- |
|  |

|  |
| --- |
| **Confirmation** |

Please sign below to confirm you have completed the Manual Handling Evaluation and return this form to your Manager. Thank You.

|  |  |  |
| --- | --- | --- |
| Signature: |  | Date: |