**Initial Assessment**

**Task:** …………………………………………………………………………………………

Does the task involve any activities that fall outside the guidance of the DIAG Safe Principles of Moving and Handling or give cause for concern?

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |

If ***‘No’*** complete the assessor’s details below and the assessment need go no further.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessor’s Details** | **Name** | **Designation** | **Sign** | **Date** |
|  |  |  |  |

If ***‘Yes’*** continue assessment.

|  |  |
| --- | --- |
| **Description of Task *(Details)*** | **Diagrams or other information** |
|  |  |
| **Location** |
|  |
| **Staff / Carers Involved** |
|  |
| **Date of Assessment** |
|  |

**Detailed Assessment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Problems that occur with this activity *(description)*** | | | | |
|  | | | | |
| **Task** | **The Load** | **Environment** | **Individual** | **Other Factors** |
| **Close proximity to load** | **Heavy** | **Constraints on posture** | **Health problem** | **Communication** |
| **Twisting** | **Bulky** | **Poor floors** | **Pregnant** | **PPE/Uniform** |
| **Top heavy posture** | **Unwieldy** | **Uneven levels** | **Specialist training** | **Perception of staff** |
| **Reaching upwards** | **Difficult to grasp** | **Hot/Cold/Humid** | **Specific information** |  |
| **Carrying distances** | **Unstable** | **Poor light** |  |  |
| **Repetitive** | **Hot/Cold** |  |  |  |
| **Excessive pushing/pulling** |  |  |  |  |

**Remedial Action**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Remedial steps in order or priority:** | | | | | |
| 1.  2.  3.  4.  5.  6.  7.  8. | | | | | |
| **Date by which action should be taken** | | |  | | |
| **Date of reassessment** | | |  | | |
| **Assessor’s Details** | **Name** | **Designation** | | **Sign** | **Date** |
|  |  | |  |  |