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| --- | --- |
| **Persons Name** | **Date of Assessment** |
| **Place of Assessment** | **Review Assessment Date** |
| **Assessment Team Details** |
| **Names** | **Designation** | **Signature** |
|  |  |  |
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**This assessment should be done in conjunction with the DIAG Personal Handling Risk Assessment and Personal handling Plan**

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| **Identify the areas where manual handling activities need to be assessed. Please give reasons why** |
|  | **For Example** |
| Lounge, bedroom, kitchen, bathroom, toilet, internal/external doorways, thresholds, floors, furniture height/clearance, power points, lighting, classrooms, outdoor space including playgrounds |

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| --- | --- |
| **Are there any other areas of concern** | **For example** |
|  | Equipment not maintained, lack of training, poor communication, unsafe practice, inappropriate clothing, handling plans unavailable |
| **Action Plan** | **For example** |
| **Action** | **Action by Date** | **Action by Person** | Equipment checks, training, complete handling plans |
|  |  |  |