|  |  |  |  |
| --- | --- | --- | --- |
| **Persons Name** | | **Date of Assessment** | |
| **Place of Assessment** | | **Review Assessment Date** | |
| **Assessment Team Details** | | | |
| **Names** | **Designation** | | **Signature** |
|  |  | |  |
|  |  | |  |
|  |  | |  |

**This assessment should be done in conjunction with the DIAG Personal Handling Risk Assessment and Personal handling Plan**

|  |  |
| --- | --- |
| **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 |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |
|  |  |  |