Manual Handling Checklist

| Name: | | Date: | |
|--|--|----------------|--------------|
| Instructor / Assessor: | | | |
| | Checklist | 1 Person T/F | 2 Person T/F |
| 1. | Check and clear the surrounding area (i.e. is the floor cluttered or wet?) | | |
| 2. | Plan the lift. Nominate a team leader and give instruction to other staff, where appropriate | | |
| 3. | Inform client of the procedure and give instruction | | |
| 4. | Furniture and equipment appropriately placed | | · |
| 5. | Brakes applied | | |
| 6. | Client well supported, correct handgrip | · | |
| 7. | Good base of support, correct foot placing | | |
| 8. | Hips and knees flexed | | |
| 9. | Back straight | | |
| 10. | Abdominal bracing | | 9 |
| 11. | Coordinated lift, (i.e. 1, 2, 3, lift) | Not applicable | |
| 12. | Client seated gently and safely | | |
| 13. | Client repositioned comfortably and adequately restrained | | |
| 14. | Evaluate the quality of the lift Could it have been performed differently? | | |
| 15. | Theory question on the principles of safe lifting | | |
| | Total points out of 15 = | | |
| Areas for Improvement: | | | |
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