

Score sheet

Company/site
Name/purpose of activity _____
Location of activity _____
Team/individuals involved _____
What items are handled? _____
When does the task take place (shift/time of day)? _____

<input type="checkbox"/>	Are there indications that the task is high risk for MSDs?
<input type="checkbox"/>	Task has a history of manual handling incidents (eg company accident book, RIDDOR reports) or lost time.
<input type="checkbox"/>	Task is known to be strenuous, can be done by only a few people or employees complain about MSD risk.
<input type="checkbox"/>	Employees doing the work appear to be struggling or finding it hard work (eg red-faced, sweating) or ask for help.
<input type="checkbox"/>	Other indications. If so, what? _____

List any significant psychosocial factors (eg high workloads, tight deadlines, lack of control over the work and working methods) _____

Do I need to do a full risk assessment? Please tick any relevant boxes (see L23 Appendix for more details)
<input type="checkbox"/> The activities involve lifting or lowering at more than 12 lifts per minute/one lift every five seconds or carrying more than once every 12 seconds.
<input type="checkbox"/> The types of handling are not covered by the MAC or are outside the risk filter limits for: <ul style="list-style-type: none">• handling when seated (5 kg for men and 3 kg for women);• carrying on the shoulder without lifting the load first.
<input type="checkbox"/> You have individual employees who may be at significant risk, eg pregnant women, young workers, people new to the workforce or job, those with a significant health problem or a recent manual handling injury.
<input type="checkbox"/> Factors from Schedule 1 of the Manual Handling Operations Regulations not included in the MAC are important: <ul style="list-style-type: none">• Large vertical movement• Risk of sudden movement of loads• A rate of work imposed by a process• Load unstable or with contents likely to shift• Load sharp, hot or otherwise potentially damaging• Task requires unusual strength, height etc• Task requires special information or training for its safe performance• Movement or posture is hindered by personal protective equipment (PPE) or clothing
If you have not ticked any of the boxes, start your MAC assessment. If you have ticked any of the boxes, you are likely to need to do a full risk assessment using the online checklists at www.hse.gov.uk/pubns/ck5.pdf If you use the MAC and then decide to carry out a full risk assessment, you can use the information you have already got as the basis for that.
Date: _____ Signature: _____

Risk factors	Colour band (G, A, R or P)			Numerical score (for comparison)			Possible control measures to reduce the risk of red/amber factors – see http://www.hse.gov.uk/msd/mac/control-measures-scoresheet.htm for more information
	Lift	Carry	Team	Lift	Carry	Team	
Load weight/frequency							
Hand distance from the lower back							
Vertical lift zones		N/A			N/A		
Torso twisting and sideways bending OR Asymmetrical torso or load (carrying)							
Postural constraints							
Grip on the load							
Floor surface							
Carry distance	N/A			N/A			
Obstacles on route	N/A			N/A			
Communication, co-ordination and control	N/A	N/A		N/A	N/A		
Environmental factors							
	Total score:						