

## Manual Handling Competency Assessment Form

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**Employee Name:** \_\_\_\_\_ **Job Role:** \_\_\_\_\_

**Assessor Name:** \_\_\_\_\_ **Date of Assessment:** \_\_\_\_\_

### Part 1: Knowledge Check

Please tick (✓) if the employee can do the following:

Knowledge Area	Can Do ✓	Comments
Understands what manual handling is	<input type="checkbox"/>	
Knows the risks of poor manual handling	<input type="checkbox"/>	
Can name common injuries linked to manual handling	<input type="checkbox"/>	
Understands the need to assess the load before lifting	<input type="checkbox"/>	
Can explain how to use equipment safely (hoist, slide sheet, etc.)	<input type="checkbox"/>	
Knows the importance of good posture during handling	<input type="checkbox"/>	
Understands safe team handling techniques	<input type="checkbox"/>	

### Part 2: Practical Assessment

Please tick (✓) if the employee demonstrates the following:

Task	Can Do ✓	Comments
Wears appropriate clothing and footwear	<input type="checkbox"/>	
Checks area is safe and free from obstacles	<input type="checkbox"/>	
Assesses the load before lifting	<input type="checkbox"/>	
Uses correct lifting technique (bends knees, keeps back straight)	<input type="checkbox"/>	
Holds load close to the body	<input type="checkbox"/>	
Moves smoothly without twisting the body	<input type="checkbox"/>	
Uses handling aids or equipment correctly	<input type="checkbox"/>	
Works well as part of a team when needed	<input type="checkbox"/>	

**Assessor's Feedback**

**Strengths:**

**Areas for Improvement:**

**Recommended Actions (e.g. refresher training, supervision):**

**Assessment Outcome**

- Competent** – Employee has shown knowledge and skill to carry out manual handling tasks safely.
- Not Yet Competent** – Employee needs further training or support.

**Assessor Signature:**

**Employee Signature:**

Date: \_\_\_\_\_

Date: \_\_\_\_\_