

# Risk Assessment Manual Handling of Residents Form

**C4-087**

<b>Name of resident:</b>		<b>Name of assessor:</b>	<b>Job title:</b>
<b>Preferred name:</b>		<b>Signature of assessor:</b>	
<b>Date of birth:</b>		<b>Date of assessment:</b>	
<b>Nature of handling risk identified or the nature of disability</b>	<b>Equipment or method to be used</b>	<b>Continuing suitability of method and review of effectiveness</b>	
1. Rising from chair			
2. Standing			
3. Walking			
4. Toileting			
5. Transfers - general			

Issue No: 1 Rev: 0 Issue Date: ..... Approved by: .....

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Name of resident:		Name of assessor:	Job title:
Preferred name:		Signature of assessor:	
Date of birth:		Date of assessment:	
Nature of handling risk identified or the nature of disability	Equipment or method to be used	Continuing suitability of method and review of effectiveness	
6. Transfers to and from bed			
7. Movement in bed			
8. Falling - no sign of injury			
9. Falling - injury suspected			

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