

(NAME OF HOME)

Risk Assessment Manual Handling of Service Users Form

C4-087

Name of Service User:		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	
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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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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