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| Gas Cylinder Manual Handling Risk Assessment Template |
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| Faculty/ PSU: |  | Assessment carried out by: |  |
| Department: |  |
| Location: |  | Assessment Date: |  |
| Activity: | Moving Gas cylinders | Supervisor approval:(if applicable) |  |
| Associated documents: |  | Date of next review: (if applicable) |  |

**Part 1: Risk Assessment**

| **What are the hazards?** | **Who might be harmed?** | **How could they be harmed?** | **What are you already doing to control the risk?** | **What further action do you need to control the risks?** |
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| Manual handling of gas cylinders. | People moving gas cylinders and people close to the cylinders. There may be additional risks for groups such as,pregnant and breast-feeding persons, young people and those with pre-existing medical conditions. | Manual handling injuries include: * Musculoskeletal disorders
* Back, neck and spine injuries
* Strains and sprains
* Hernias
* Injuries and bruising to the hands, feet, ankles, and wrists (including crush injuries/ broken bones).

Those that may be at additional risk would be more susceptible to the above injuries and the activity may have other impacts for example, damage to an unborn child. |  |  |
| Exposure to the contents of the cylinder, via inhalation or contact with the skin and eyes (asphyxiation / hazardous gases / flammable gases). | People moving gas cylinders and people close to the cylinders. There may be additional risks for groups such as,pregnant and breast-feeding persons, young people and those with pre-existing medical conditions. | Depending on the contents of the cylinder the harms will vary. Please detail below:Those that may be at additional risk would be more susceptible to the above injuries and the activity may have other impacts for example, damage to an unborn child. |  |  |
| Confined spaces when moving gas cylinders inside buildings or lifts (asphyxiation / hazardous gases / flammable gases) | People moving gas cylinders and people close to the cylinders. | Depending on the contents of the cylinder the harms will vary. Please detail below: |  |  |
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**Part 2: Actions arising from risk assessment**

| **Actions** | **Lead****(By whom)** | **Target Date** | **Done (Yes/ No)** |
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