Moving and Handling Risk Assessment

Person-centred moving and handling assessment: mobility, transfers, equipment, number of staff and risks (TILE).

Person

Name of person *	
Weight (kg)	
Height	
Assessment date *	_____ / _____ / _____
Assessor *	
Ability to weight bear *	☐ Fully ☐ Partially ☐ Not at all
Cooperation / understanding	☐ Good ☐ Fair ☐ Poor
Medical conditions affecting mobility	

Tasks

Tasks 1

Task *	
Method	
Equipment	
Sling size / type	
Staff required *	☐ 1 ☐ 2 ☐ 3
Risk level *	☐ Low ☐ Medium ☐ High

Tasks 2

Task *	
Method	
Equipment	
Sling size / type	

Staff required *	☐ 1 ☐ 2 ☐ 3
Risk level *	☐ Low ☐ Medium ☐ High

Tasks 3

Task *	
Method	
Equipment	
Sling size / type	
Staff required *	☐ 1 ☐ 2 ☐ 3
Risk level *	☐ Low ☐ Medium ☐ High

Sign-off

Review date *	_____ / _____ / _____
Additional comments	
Assessor name *	
Assessor signature *	
Date signed *	_____ / _____ / _____

* Required