MP **Technical Evaluation Record** v1 Feb 2016 **Qualification Code:** 0018-04 QUALIFICATION: Safe Manual Handling of Objects Units: 001 **Technical Verifier** Assessor Name: Name: Assessor No: **Technical Verifier No:** NEW? DOB: **Assessor Email:** Start Time: Invoice To: (Include End Time: Centre name if applicable) PERFORMANCE **CRITERIA:** COMMENTS: (See qualification guidance for more information) **EVALUATION (Circle):** Current Legislation and CoP (knowledge of MHOR & L23) 1 2 3 4 5 Explain function of and issues with (discs, muscles, 1 2 3 5 4 ligaments, tendons, cartilage, vertebra,) Knowledge of MSD, RSI, trapped nerves, referred pain 1 2 3 4 5 3 5 Principles of safe lifting 1 2 4 Knowledge of suitable PPE 1 2 3 4 5 Complete a Site Specific Risk Assessment for the work 1 2 3 4 5 area and manual handling tasks Understand consequences of non compliance with H&S 1 2 3 4 5 Demonstrate suitable warm-up and cool-down exercises 1 2 3 4 5 and reasons for exercising Demonstrate safe manual handling techniques 1 2 3 4 5 Demonstrate safe team lifting 1 2 3 4 5 3 4 Demonstrate safe use of manual handling aids 1 2 5 Assessment techniques 1 2 3 4 5 PERFORMANCE EVALUATION COLUMN TOTALS: = TOTAL SCORE: PASS TOTAL SCORE REQUIRED TO ACHIEVE ASSESSOR STATUS: **Result of Technical** 48 FAIL (NB. ACHIEVED IN PERFORMANCE EVALUATION COLUMNS 4 & 5 ONLY) **Evaluation (tick): TECHNICAL VERIFIER COMMENTS (ACTION PLAN):** Please continue on reverse if necessary ASSESSOR COMMENTS: Please continue on reverse if necessary COST: DATE: **TECHNICAL VERIFIER SIGNATURE:** £200 Half Day £300 Full Day **ASSESSOR SIGNATURE:**