

Part 1 – Must be completed by the recruiting manager

New Employee Risk Identification

Post:

Employee Name.....Date of Birth.....

Ward/Department:Trust/Employer.....

The manager must identify risks relevant to the post which may require Occupational Health involvement. **PLEASE REFER TO THE RISK IDENTIFICATION MANAGERS GUIDANCE – WHERE BASELINE HEALTH SURVEILLANCE IS INDICATED, THE IDENTIFIED ELEMENTS OF THIS ROLE MUST NOT BE UNDERTAKEN UNTIL ADVICE RECEIVED FROM OCCUPATIONAL HEALTH**

The job will or may involve (please tick ✓ as appropriate):-

1	Contact with patients (involved in direct patient care)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2	Contact with patients (social contact in clinical environment)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3	Undertaking exposure prone procedures	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4	Working with biological agents	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5	Working with those who are at risk of blood borne infections	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6	Working in a renal dialysis unit	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7	Drivers: Excludes: Driving to and from work	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8	Drivers (vocational drivers)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
9	Working in confined spaces	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10	Working with Electrical Wiring	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
11	Working with extremes of hot and cold temperature	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
12	Working at heights	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
13	Working in isolation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
14	Working night shifts	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
15	Working within a noise area	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16	Working with respiratory sensitisers	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
17	Working with skin sensitisers	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
18	Working with vibrating tools	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
19	Food Handling/Preparation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
20	Manual Handling	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
21	Requirement to perform control and restraint procedures	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
22	Working with Display Screen Equipment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
23	Any other occupational hazards, please state:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Risks have been identified which require new employee baseline health surveillance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recruiting Manager: (please print)		
Ward / Department:		
Contact Telephone Number:		
Signature:	Date:	

EMPLOYMENT SERVICES:

Base Line health surveillance form sent with risk identification to new employee for completion and return to Occupational Health (see Managers Guidance)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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