

OCCUPATIONAL HEALTH RISK IDENTIFICATION

This section must be completed by the manager to 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

1	Drivers	Yes <input type="radio"/>	No <input checked="" type="radio"/>
2	Vocational Driving	Yes <input type="radio"/>	No <input checked="" type="radio"/>
3	Food Workers (see guidance)	Yes <input type="radio"/>	No <input checked="" type="radio"/>
4	Manual Handling	Yes <input checked="" type="radio"/>	No <input type="radio"/>
5	Contact with patients (<i>involved in direct patient care</i>)	Yes <input checked="" type="radio"/>	No <input type="radio"/>
6	Contact with patients (social contact in clinical environment)	Yes <input checked="" type="radio"/>	No <input type="radio"/>
7	Working with those who are at risk of blood borne infections	Yes <input checked="" type="radio"/>	No <input type="radio"/>
8	Undertaking exposure prone procedures.	Yes <input type="radio"/>	No <input checked="" type="radio"/>
9	Renal Dialysis Workers	Yes <input type="radio"/>	No <input checked="" type="radio"/>
10	Exposure to respiratory sensitisers	Yes <input type="radio"/>	No <input checked="" type="radio"/>
11	Working with biological agents	Yes <input checked="" type="radio"/>	No <input type="radio"/>
12	Working at heights	Yes <input type="radio"/>	No <input checked="" type="radio"/>
13	Working in isolation	Yes <input type="radio"/>	No <input checked="" type="radio"/>
14	Exposure to skin sensitisers	Yes <input checked="" type="radio"/>	No <input type="radio"/>
15	Exposure to noise	Yes <input type="radio"/>	No <input checked="" type="radio"/>
16	Working with vibrating tools	Yes <input type="radio"/>	No <input checked="" type="radio"/>
17	Working with electrical wiring	Yes <input type="radio"/>	No <input checked="" type="radio"/>

18	Working in confined spaces	Yes <input type="radio"/>	No <input checked="" type="radio"/>
19	Working night shifts	Yes <input type="radio"/>	No <input checked="" type="radio"/>
20	Working with extremes of hot and cold temperature	Yes <input type="radio"/>	No <input checked="" type="radio"/>
21	Requirement to perform control and restraint procedures	Yes <input type="radio"/>	No <input checked="" type="radio"/>
22	Working as a regular display screen equipment user	Yes <input checked="" type="radio"/>	No <input type="radio"/>
23	Any other occupational hazards	Yes <input type="radio"/>	No <input checked="" type="radio"/>
	Risks have been identified which require new employee health surveillance	Yes <input checked="" type="radio"/>	No <input type="radio"/>

Recruiting Manager

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Plews

Department

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Date

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