



New Employee / Volunteer / Long Term (>4 weeks) Placement Risk Identification

Post/Role: ... PT-1809 - Informatics Support Analyst

Location: ... The Oaks

Trust / Employer: ... CWP NHS FT

This form must be completed by the manager/supervisor to identify risks relevant to the post/placement which may require occupational health involvement. Where a risk is identified please refer to the '**RISK IDENTIFICATION MANAGERS GUIDANCE**' document for further advice and to determine if OH intervention/Health Assessment is required and indicate this in final columns. **WHERE BASELINE HEALTH SURVEILLANCE IS INDICATED, THE IDENTIFIED ELEMENTS OF THIS ROLE/PLACEMENT MUST NOT BE UNDERTAKEN UNTIL ADVICE RECEIVED FROM OCCUPATIONAL HEALTH**

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

		RISK PRESENT? (if yes refer to guidance)		OH Health Assessment needed?	
1	Drivers (of company vehicles or who transport service users)	Yes	No	Yes	No
2	Vocational Driving (e.g LGV, PCV) specify:	Yes	No	Yes	No
3	Food Handling/Preparation (preparation, cooking & serving)	Yes	No	Yes	No
4	Manual Handling	Yes	No	Yes	No
5	Contact with patients (involved in direct patient care)	Yes	No	Yes	No
6	Contact with patients (social contact in clinical environment)	Yes	No	Yes	No
7	Working with those who are at risk of blood borne infections	Yes	No	Yes	No
8	Undertaking exposure prone procedures.	Yes	No	Yes	No
9	Exposure to respiratory sensitisers (specify	Yes	No	Yes	No
10	Working with biological agents (specify	Yes	No	Yes	No
11	Working at heights	Yes	No	Yes	No
12	Working in isolation	Yes	No	Yes	No
13	Exposure to skin sensitisers (specify	Yes	No	Yes	No
14	Exposure to noise.	Yes	No	Yes	No
15	Working with vibrating tools	Yes	No	Yes	No
16	Working with electrical wiring	Yes	No	Yes	No
17	Working in confined spaces	Yes	No	Yes	No
18	Working night shifts	Yes	No	Yes	No
19	Working with extremes of hot and cold temperature	Yes	No	Yes	No
20	Requirement to perform control and restraint procedures	Yes	No	Yes	No
21	Any other occupational hazards	Yes	No	Yes	No
	Specify:				

Recruiting Manager (print): Phil Spencer

Signature: P.SPENCER

Department: Infrastructure Services (ICT)

Date: 1/12/2015

FOR COMPLETION BY HR RECRUITMENT TEAM/VOLUNTEER CO-ORDINATOR:

Successful Candidate Name: DOB:

Base line health surveillance form sent with risk identification to new employee for completion and return to Occupational Health (see Managers guidance)

Yes

No