

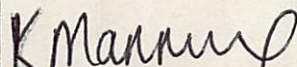
New Employee Risk Identification

| | | | |
|---------------------------|------------|------------------|---------------------|
| Post: | FMA | | |
| Employee Name: | | DOB: | |
| Ward / Department: | Facilities | Location: | Maghull Health Park |

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

| | | |
|---|---|-----------------------------|
| Risks have been identified which require a new employee baseline health surveillance | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Recruiting Manager: (please print) Kelly Manning | | |
| Ward/Department: Rapid Response Team | | |
| Contact Telephone Number 0151 471 330 7227 | | |
| Signature:  | Date: 9. 8. 21 | |

EMPLOYMENT SERVICES:

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