

## New Employee Risk Identification

<b>Post:</b>	Chief Executive Officer		
<b>Employee Name:</b>		<b>DOB:</b>	
<b>Ward / Department:</b>		<b>Location:</b>	V7

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

Risks have been identified which require a new employee baseline health surveillance		Yes	No
<b>Recruiting Manager: (please print)</b>			
<b>Ward/Department:</b>			
<b>Contact Telephone Number</b>			
<b>Signature:</b>	C.Brocklehurst	<b>Date:</b>	18/04/2024

### 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	No
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