

New Employee Risk Identification Form

Job Title: ...Cyber Security Senior Specialist

Location: Informatics.....

This form 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.

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

1	Drivers (not to and from work)	Yes ✓	No <input type="checkbox"/>
2	Vocational Driving	Yes <input type="checkbox"/>	No ✓
3	Food Handling/Preparation	Yes <input type="checkbox"/>	No ✓
4	Manual Handling	Yes ✓	No <input type="checkbox"/>
5	Contact with patients (involved in direct patient care)	Yes <input type="checkbox"/>	No ✓
6	Contact with patients (social contact in clinical environment)	Yes ✓	No <input type="checkbox"/>
7	Working with those who are at risk of blood borne infections	Yes <input type="checkbox"/>	No ✓
8	Undertaking exposure prone procedures. Exposure Prone Procedures are those procedures where the worker's gloved hands may be in full contact with sharp instruments, needle tips or sharp tissue (e.g. spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may NOT be completely visible at all times.	Yes <input type="checkbox"/>	No ✓
9	Exposure to respiratory sensitisers	Yes ✓	No <input type="checkbox"/>
10	Working with biological agents	Yes <input type="checkbox"/>	No ✓
11	Working at heights	Yes <input type="checkbox"/>	No ✓
12	Working in isolation	Yes <input type="checkbox"/>	No ✓
13	Exposure to skin sensitisers	Yes <input type="checkbox"/>	No ✓
14	Exposure to noise above 80dB(A)	Yes <input type="checkbox"/>	No ✓
15	Working with vibrating tools	Yes <input type="checkbox"/>	No ✓
16	Working with electrical wiring	Yes ✓	No <input type="checkbox"/>
17	Working in confined spaces	Yes <input type="checkbox"/>	No ✓
18	Working night shifts	Yes <input type="checkbox"/>	No ✓
19	Working with extremes of hot and cold temperature	Yes <input type="checkbox"/>	No ✓
20	Requirement to perform control and restraint procedures	Yes <input type="checkbox"/>	No ✓
21	Any other occupational hazards	Yes <input type="checkbox"/>	No ✓

Please indicate if risks have been identified which require new employee baseline health surveillance:

Food handlers **No** Respiratory surveillance **No**
Skin surveillance **No** Hand Arm Vibration surveillance **No**

Recruiting Manager:

Alwyn Price

Department: IM&T **Contact details: Work tel. nos: 5019**
Bleep:

Date: 10/09/2021