


New Employee Risk Identification

Post:	350-COR5759595		
Employee Name:		DOB:	
Ward / Department:		Location:	

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

Risks have been identified which require a new employee baseline health surveillance	Yes	No x
Recruiting Manager: (please print) Julie Westwell		
Ward/Department: Corporate		
Contact Telephone Number 07747473187		
Signature:		Date: 11.05.22

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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