



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

Post/Role: CSW

Location: Juniper Ward

Trust / Employer: CWP

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

Recruiting Manager (print): Gemma Levy	
Signature:	
Department: Juniper Ward	Date:8.3.17

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)	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No		

