

**New Employee Risk Identification Form**

**Job Title..**Band 3 Therapy Assistant

**Location:** ...Therapies COCH.....

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	Yes <input type="checkbox"/>	
2	Vocational Driving		No <input type="checkbox"/>
3	Food Handling/Preparation	Yes <input type="checkbox"/>	
4	Manual Handling	Yes <input type="checkbox"/>	
5	Contact with patients (involved in direct patient care)	Yes <input type="checkbox"/>	
6	Contact with patients (social contact in clinical environment)	Yes <input type="checkbox"/>	
7	Working with those who are at risk of blood borne infections	Yes <input type="checkbox"/>	
8	Undertaking exposure prone procedures.	Yes <input type="checkbox"/>	
9	Exposure to respiratory sensitisers	Yes <input type="checkbox"/>	
10	Working with biological agents		No <input type="checkbox"/>
11	Working at heights		No <input type="checkbox"/>
12	Working in isolation		No <input type="checkbox"/>
13	Exposure to skin sensitisers		No <input type="checkbox"/>
14	Exposure to noise above 80dB(A)		No <input type="checkbox"/>
15	Working with vibrating tools		No <input type="checkbox"/>
16	Working with electrical wiring		No <input type="checkbox"/>
17	Working in confined spaces		No <input type="checkbox"/>
18	Working night shifts		No <input type="checkbox"/>
19	Working with extremes of hot and cold temperature		No <input type="checkbox"/>
20	Requirement to perform control and restraint procedures		No <input type="checkbox"/>
21	Any other occupational hazards		No <input type="checkbox"/>

Risks have been identified which require new employee baseline health surveillance:		No <input type="checkbox"/>
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<b>Recruiting Manager: Hannah Hughes</b>	
<b>Department:</b> Therapies	<b>Tel nos: 01244 365391</b>
<b>Date:12/06/2023</b>	

**H.R Additional Baseline Health Surveillance Questionnaire required:**

<b>3. Food handlers</b>	<b>9. Respiratory</b>	<b>13. Skin</b>	<b>15. HAVS</b>
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