

New Employee Risk Identification

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|---------------------------|------------------------|------------------|--------|
| Post: | 350-MEN4631393 | | |
| Employee Name: | | DOB: | |
| Ward / Department: | | Location: | Huyton |
| Name of Employer: | Knowsley Recovery Team | | |

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):-*

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| 1 | Contact with patients <i>(involved in direct patient care)</i> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Contact with patients (social contact in clinical environment) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 3 | Undertaking exposure prone procedures | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 4 | Working with biological agents | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 5 | Working with those who are at risk of blood borne infections | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 6 | Working in a renal dialysis unit | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 7 | Drivers: Excludes: Driving to and from work | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 8 | Drivers (vocational drivers) | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 9 | Working in confined spaces | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 10 | Working with Electrical Wiring | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 11 | Working with extremes of hot and cold temperature | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 12 | Working at heights | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 13 | Working in isolation | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 14 | Working night shifts | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 15 | Working within a noise area | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 16 | Working with respiratory sensitisers | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 17 | Working with skin sensitisers | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 18 | Working with vibrating tools | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

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| 19 | Food Handling/Preparation | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 20 | Manual Handling | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 21 | Requirement to perform control and restraint procedures | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 22 | Working with Display Screen Equipment | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 23 | Any other occupational hazards, please state: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

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| Risks have been identified which require a new employee baseline health surveillance | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Recruiting Manager: Natalie McNabb | | | |
| Ward/Department: Knowsley Recovery Team | | | |
| Contact Telephone Number 0151 290 4999 | | | |
| Signature: | Nmcnabb | Date: | 03.10.22 |