

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

Post/Role: Head of Estates

Location: First Floor Unit 1, The Oaks Office Park, Stanney Mill Road, Ellesmere Port, CH2 4HY

Trust / Employer: Cheshire and Wirral Partnership

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 MUST NOT BE UNDERTAKEN UNTIL ADVICE RECEIVED FROM ROLE/PLCAEMENT **OCCUPATIONAL HEALTH**

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

		RISK PRESENT?		OH Health Assessment		
		(if yes refer		nee	needed?	
			to guidance)			
1	Drivers (of company vehicles or who transport service users)	Yes	No√	Yes	No√	
2	Vocational Driving (e.g LGV, PCV) specify:	Yes	No√	Yes	No√	
3	Food Handling/Preparation (preparation, cooking & serving)	Yes	No√	Yes	No√	
4	Manual Handling	Yes	No√	Yes	No√	
5	Contact with patients (involved in direct patient care)	Yes	No√	Yes	No√	
6	Contact with patients (social contact in clinical environment)	Yes√	No	Yes	No√	
7	Working with those who are at risk of blood borne infections	Yes	No√	Yes	No√	
8	Undertaking exposure prone procedures.	Yes	No√	Yes	No√	
9	Exposure to respiratory sensitisers	Yes	No√	Yes	No√	
	(specify)					
10	(specify) Working with biological agents	Yes	No√	Yes	No√	
	(specify)					
11	Working at heights	Yes√	No	Yes	No√	
12	Working in isolation	Yes	No√	Yes	No√	
13	Exposure to skin sensitisers	Yes	No√	Yes	No√	
	(specify)					
14	Exposure to noise.	Yes√	No	Yes	No√	
15	Working with vibrating tools	Yes	No√	Yes	No√	
16	Working with electrical wiring	Yes	No√	Yes	No√	
17	Working in confined spaces	Yes	No√	Yes	No√	
18	Working night shifts	Yes	No√	Yes	No√	
19	Working with extremes of hot and cold temperature	Yes	No√	Yes	No√	
20	Requirement to perform control and restraint procedures	Yes	No√	Yes	No√	
21	Any other occupational hazards	Yes	No√	Yes	No√	
	Specify:					

Recruiting Manager (print): Justin Pidcock

lune Signature:

Department: Infrastructure Services

Date: 04.04.24

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	Yes	No		
completion and return to Occupational Health (see Managers guidance)				
Version 02				

Version 02 – Nov 2010