

## New Employee Risk Identification

<b>Post:</b>	<b>Administrator Clerk</b>		
<b>Employee Name:</b>		<b>DOB:</b>	
<b>Ward / Department:</b>	<b>Community Admin</b>	<b>Location:</b>	<b>Litherland Town Hall</b>

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

Risks have been identified which require a new employee baseline health surveillance		Yes	No ✓
<b>Recruiting Manager: Jodie Evans</b>			
<b>Ward/Department: Deputy Admin Operational Admin Manager</b>			
<b>Contact Telephone Number 07884440418</b>			
<b>Signature:</b>	Jodie Evans	<b>Date:</b>	18.01.2024

### 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
---	-----	----