

**Part 1 -To Be Completed By The Recruiting Manager
New Employee Risk Identification**



Name: Date of Birth:

Post CF OG /DepartmentO&G

Trust / Employer:Liverpool Womens Hospital

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 IS RECEIVED FROM OCCUPATIONAL HEALTH

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

1	Drivers (excludes driving to and from work)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Vocational Driving	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Food Workers (see guidance)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Manual Handling	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Contact with patients (involved in direct patient care)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Contact with patients (social contact in clinical environment)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Working with those who are at risk of blood borne infections	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Undertaking exposure prone procedures.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	Renal Dialysis Workers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10	Exposure to respiratory sensitisers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11	Working with biological agents	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12	Working at heights	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13	Working in isolation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14	Exposure to skin sensitisers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15	Exposure to noise.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16	Working with vibrating tools	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17	Working with electrical wiring	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18	Working in confined spaces	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19	Working night shifts	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20	Working with extremes of hot and cold temperature	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21	Requirement to perform control and restraint procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22	Working with Display Screen Equipment.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23	Any other occupational hazards	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Risks have been identified which require new employee baseline health surveillance		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Recruiting Manager:
(please print)

Ward / Department

Contact telephone number:

Mobile:

Signature:

Date:

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 <input type="checkbox"/>	No <input type="checkbox"/>
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