



New Employee / Volunteer / Long Term (>4 weeks) Placement Risk Identification (PART 1)

Recruitment or Recruiting Manager to complete this section						
Name of Candidate:	Job	Title:	Occupational	Therapy	Technical	
	Instru	ictor				
Employer/Trust:	Care Group: SMH					
Department:						
-						

This form <u>must</u> 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 ROLE/PLACEMENT <u>MUST NOT</u> BE UNDERTAKEN UNTIL ADVICE RECEIVED FROM OCCUPATIONAL HEALTH

The job will or may involve: (please indicate 'Yes' or 'No' as appropriate):-

			RISK PRESENT? (if yes refer to guidance)	
1	Contact with patients in a Nursing/Care Home (involved in direct patient care)	Yes	No	Y
2	Contact with patients in a Nursing/Care Home (social contact in clinical environment)	Yes	No	Y
3	Drivers (of company vehicles or who transport service users)	Yes	No	Υ
4	Vocational Driving (e.g LGV, PCV) Specify	Yes	No	Y
5	Food Handling/Preparation (preparation, cooking & serving)	Yes	No	Y
6	Manual Handling	Yes	No	Y
7	Contact with patients (involved in direct patient care)	Yes	No	Y
8	Contact with patients (social contact in clinical environment)	Yes	No	Y
9	Working with those who are at risk of blood borne infections	Yes	No	Y
10	Undertaking exposure prone procedures.	Yes	No	Y
11	Exposure to respiratory sensitisers Specify	Yes	No	Y
12	Working with biological agents Specify	Yes	No	Ye
13	Working at heights	Yes	No	Y
14	Working in isolation	Yes	No	Y
15	Exposure to skin sensitisers Specify	Yes	No	Y

Asse	OH Health Assessment needed?				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				

16	Exposure to noise		Yes	No	Yes	No
17	Working with vibrating tools		Yes	No	Yes	No
18	Working with electrical wiring		Yes	No	Yes	No
19	Working in confined spaces		Yes	No	Yes	No
20	Working night shifts		Yes	No	Yes	No
21	Working with extremes of hot and cold tempera	ature	Yes	No	Yes	No
22	Requirement to perform control and restraint pr	rocedures	Yes	No	Yes	No
23	Any other occupational hazards		Yes	No	Yes	No
	Specify					
Rec	ruiting Manager (print):	Kate Sharp				
Rec	ruiting Manager E-mail address:	Kate.sharp3@r	nhs.net			
	3 4 3					
Doo	ruting Manager Signature:					
Rec	ruting Manager Signature:					
Care	e Group	SMH				
Dep	artment					
_						
Date						
Date	;					