



**JOB HAZARD EVALUATION FORM**

This form should be completed by the recruiting officer to identify if a health assessment in relation to work exposures is required. If the person's job involves exposure to one of the hazards indicated on this form, please forward the completed form to Occupational Health and telephone or email the service to arrange for the new employee to attend for an appointment.

Tel: 01223 336594. Email: [occhealth@admin.cam.ac.uk](mailto:occhealth@admin.cam.ac.uk)

Surname:		Mr / Mrs / Miss / Ms / Dr / Prof / Other	
First names:		Date of Birth:	
Post title:		Start date:	
Status:	Research staff / Technical staff / Undergraduate / Postgraduate / Academic Visitor / Administrative / Academic / Other		
Mobile:		Email:	
Department:		Recruiter:	
Recruiter email :		Recruiter tel:	

Please refer to Job Hazard Evaluation Guidance [OHG03] prior to completing

Please indicate whether this person's job will involve work with any of the following:	Further information
1. Laboratory animals, including farm animals, insects and birds Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Deliberate handling of pathogens or GMOs in categories 3 Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Unscreened human tissue and /or blood Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If 'yes' please forward copies of documentary evidence of your hepatitis B immunisation vaccination records and blood test results (e.g. GP print out and/or vaccination record book)</i>
4. Contact with patients Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Is a Research Passport needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If 'Yes' please contact your HR adviser to initiate this process</i>
6. Work with ionising radiation that requires formal Classification of the individual Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Respiratory/skin sensitisers e.g. solder flux, latex, isocyanates, wood dust, glues and resins. Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Please forward copies of the risk assessments associated with this work exposure</i>
8. Toxic metals e.g. lead, mercury, thallium Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Please forward copies of the risk assessments associated with this work exposure</i>
9. Driving University vehicles or fork lift trucks Yes <input type="checkbox"/> No <input type="checkbox"/>	
10. Regular exposure to noise Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Please forward copies of the risk assessments associated with this work exposure</i>
11. Regular use of vibrating tools Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Please forward copies of the risk assessments associated with this work exposure</i>
12. Night work (between 2300 and 0600hrs inclusive) Yes <input type="checkbox"/> No <input type="checkbox"/>	
13. Food handling Yes <input type="checkbox"/> No <input type="checkbox"/>	
14. Other - Please specify	