



**JOB HAZARD EVALUATION FORM**

This form should be completed by the **recruiting officer/supervisor** to identify if a health assessment in relation to work exposures is required. If the person's work involves exposure to one of the hazards indicated on this form, please forward the completed form to Occupational Health. If no hazards are identified do not send the form to Occupational Health, please keep the form in the employee/students file in the department.

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:	
Job title:		Start date:	
Status:	Research staff / Technical staff / Undergraduate / Postgraduate / Academic Visitor / Administrative / Academic / Other		
Mobile:		Email:	
Department:		Recruiter/supervisor:	
Recruiter/supervisor's email :		Recruiter/supervisor's tel:	
<b>Form completed by</b>		<b>Post title:</b>	

Please indicate whether this person's job will involve work with any of the following:		Further information
1. Animals, including farm animals, insects and birds If yes please indicate species below	Yes <input type="checkbox"/> No <input type="checkbox"/>	Include anyone who may have indirect contact, e.g., through location of office/laboratory in relation to the animal facility, include domestic (farm animals and birds). Enrolment on the Animal Allergy (AA) health surveillance programme will be necessary on commencement of employment
2. Deliberate handling of pathogens or GMOs in containment level 3 facilities If yes please give name of the pathogen(s) & <b>forward copies of the risk assessment</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	If the person will be intentionally culturing or handling cultures of Hazard Group 3 pathogens or GMOs classified as class 3 projects on the basis of their risk to <i>human</i> health. <b>An occupational health assessment is required prior to commencing this work</b>
3. Unscreened human tissue and /or blood	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>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)</b>
If a Research Passport is needed please contact your HR Adviser to initiate this process		
4. Work with ionising radiation that requires formal Classification of the individual <b>as confirmed by a University Radiation Protection Adviser within your department or Safety Office</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Work with radioactive substances or machine generators, that is, likely to result in the individual receiving, in any year, an ionising radiation dose three tenths that of any statutory radiation dose limit. <b>A medical assessment is required prior to commencing classified radiation work.</b>
<b>PLEASE TURN OVER TO COMPLETE FORM. FORM MAY BE RETURNED IF NEXT PAGE NOT COMPLETED</b>		

5. Respiratory/skin sensitisers e.g. solder flux, latex, isocyanates, wood dust, glues and resins. <b>Please forward copies of the risk assessments associated with this work exposure</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	As identified through risk assessment. <b>Please forward copies of the risk assessments associated with this work exposure</b>
6. Toxic metals e.g. lead, mercury, thallium - <b>Please forward copies of the risk assessments associated with this work exposure</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	As identified through risk assessment. <b>Please forward copies of the risk assessments associated with this work exposure</b>
7. Driving fork lift trucks	Yes <input type="checkbox"/> No <input type="checkbox"/>	Use of mechanised <b>pallet trucks/fork lifts trucks</b> only.
8. Regular exposure to noise at an action level that requires surveillance as identified through noise measurement assessment undertaken by the Safety Office	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Please forward copies of the risk assessments and noise measurement assessments associated with this work exposure.</b>
9. Regular use of vibrating tools at an action level that requires surveillance as identified through HAVS measurement assessment undertaken by the Safety Office	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Please forward copies of the risk assessments and HAVS measurement assessments associated with this work exposure</b>
10. Night work (between 2300 and 0600hrs inclusive)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Regular work of at least 3 hours during the night period 23:00hrs and 06:00hrs only - <b>not</b> working late in the evening
11. Food handling	Yes <input type="checkbox"/> No <input type="checkbox"/>	The person's work involves the preparation of uncooked food, e.g. chefs, <b>not</b> the handling of wrapped food, e.g. sandwiches and biscuits.
12. Other - <i>Please specify</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Answer 'yes' if the job requires a specific health assessment to meet the requirements of a joint employer or work placement or specific infection control measures. <b>Please forward copies of the risk assessments associated with this exposure.</b>

---

**For occupational health use only**

Name \_\_\_\_\_ Date \_\_\_\_\_