

**JOB HAZARD EVALUATION FORM AND INSTRUCTIONS**

The purpose of this form is to identify if an employee/student requires a health assessment before they can undertake their work/study activities. The form contains a list of workplace activities that may require a health assessment, along with the activity exposure criteria used to determine if a health assessment is required. The form should be completed electronically by the **new employee** and their **recruiting officer / line manager**, and **new student** and their **supervisor**, either before or at induction. **Current employees/students** should complete the form with their **line manager/supervisor**. If the form identifies that a person's work/study activities meet the criteria required for a health assessment, please email the completed form with **all** required documentation to: [JobHazardReferrals@admin.cam.ac.uk](mailto:JobHazardReferrals@admin.cam.ac.uk). If no hazards are identified, please save the form to the employee/student HR file records only, do not send a copy to us.

Information on the health assessment process can be found at [Health assessment | Human Resources](#)

**Data Protection information**

The information supplied on this questionnaire will be held in confidence by the University Occupational Health Service as part of the individual's occupational health record. For full details of how an individual's personal information is used by the Occupational Health Service, please see [Confidentiality Statement | Occupational Health](#)

Surname:		Title:	
First names:		Date of Birth:	
Department:		Start date:	
Role title:		CRSid (if known)	
Status:	Select as appropriate: Research staff / Technical staff / Undergraduate / Postgraduate / Academic Visitor / Administrative / Academic / Other		
Email:		Tel./ Mobile:	
<b>Form completed by (name)</b>		<b>Job/Role title:</b>	
Relationship to employee/student	Select as appropriate: Recruiter / Line Manager / Supervisor		
Email:		Tel. / mobile:	

**Does the job/study involve any of the following activities? Only answer yes if the activity meets the criteria as described below. Answering 'yes' means health assessment will be required for that activity.**

Activity and criteria for health assessment	Meets criteria?	Actions required
Animal, laboratory animal and insect work  Means a person will have direct and/or indirect contact, e.g., through location of office/laboratory in relation to the animal facility, including domestic (farm animals and birds).	Yes / No (delete as appropriate)	If yes, please complete and return the: <a href="#">Allergy initial health assessment work with Animals / Insects &amp; Arthropods form</a> .  Enrolment on the Animal Allergy (AA) health surveillance programme will be required prior to commencement of this work.

Activity and criteria for health assessment	Meets criteria?	Actions required
<p>Deliberate handling of category 3 pathogens or Genetically Modified Organisms (GMOs)</p> <p>Means the person will be intentionally culturing or handling cultures of Hazard Group 3 pathogens or GMOs classified as class 3 projects based on their risk to human health.</p>	<p>Yes / No (delete as appropriate)</p>	<p>Email copies of the relevant risk assessment(s) associated with these work activities to allow us to determine whether you meet the criteria for deliberate handling of class 3 pathogens or GMOs.</p> <p>If yes, an occupational health assessment will be required prior to commencement of this work.</p>
<p>Screened and unscreened human tissue and /or blood</p> <p>Means the person will work with screened and unscreened human tissue and /or blood.</p>	<p>Yes / No (delete as appropriate)</p>	<p>If yes, the employee/student should either supply documented evidence of previous hepatitis B vaccination and immunity (immunisation dates, serology dates and results), e.g. provide a GP print out and/or vaccination record book, or Occupational Health will arrange appointments for a course of hepatitis B vaccination prior to commencement of this work.</p>
<p>Occupational Health clearance for Research Passport</p> <p>Means the person requires a Research Passport with Occupational Health clearance in order to be allowed to undertake their work/studies.</p>	<p>Yes / No (delete as appropriate)</p>	<p>Discuss first with the relevant NHS or University HR adviser to determine whether occupational health clearance is required for the Research Passport.</p> <p>If they confirm that Occupational Health clearance is required, please complete and return: <a href="#">OHF10 form - Research Passport health assessment questionnaire</a></p>
<p>Higher risk work with ionising radiation</p> <p>Means higher risk work with ionising radiation that requires formal Classification of the individual <b>as confirmed by a University Radiation Protection Adviser. Discuss with Departmental RPS in the first instance.</b></p> <p>This means work with radioactive substances or radiation 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 (6 mSv whole body dose, 150 mSv hand/skin dose). <b>A medical assessment is required prior to commencing such higher risk classified radiation work.</b></p>	<p>Yes / No (delete as appropriate)</p>	<p>Discuss first with your Departmental RPS to determine whether you will be undertaking higher risk work with ionising radiation. If you are, you will need to have this confirmed by a <b>University Radiation Protection Adviser and a medical assessment will be required prior to commencement of this work.</b></p>
<p>Respiratory/skin sensitisers e.g. solder flux, latex, isocyanates, wood dust, glues and resins</p> <p>Means the person will be exposed to respiratory and/or skin sensitisers as identified through risk assessment.</p>	<p>Yes / No (delete as appropriate)</p>	<p>Email copies of the relevant risk assessment(s) associated with these work activities to allow us to determine whether these constitute exposure to a respiratory and/or skin sensitiser.</p> <p>Depending on exposure, enrolment on the OH health surveillance programme may be necessary prior to commencement of this work.</p>
<p>Toxic metals</p> <p>Means the person will be exposed to toxic metals as identified through risk assessment.</p>	<p>Yes / No (delete as appropriate)</p>	<p>Email copies of the relevant risk assessment(s) associated with these work activities to allow us to determine whether these work activities constitute exposure to toxic metals.</p> <p>Depending on exposure, enrolment on the OH health surveillance programme may be necessary prior to commencement of this work.</p>



Activity and criteria for health assessment	Meets criteria?	Actions required
<p>Driving</p> <p>Means use of mechanised <b>pallet trucks/forklifts</b> trucks only.</p>	<p>Yes / No (delete as appropriate)</p>	<p>If yes, please complete and return: <a href="#">OHF07 form - Fork Lift Truck / Driver</a></p>
<p>Harmful noise</p> <p>Means the person will have regular exposure to noise at a level that is identified as harmful, as identified through noise measurement assessment undertaken by the Safety Office.</p>	<p>Yes / No (delete as appropriate)</p>	<p>Email the related risk assessment(s) with these work activities to allow us to determine whether these work activities constitute exposure to harmful noise.</p> <p>Depending on exposure, enrolment on the OH health surveillance programme may be necessary prior to commencement of this work.</p>
<p>Harmful hand arm vibration (HAVS)</p> <p>Means the person will regularly use vibrating tools or an action at a level that requires health surveillance, as identified through HAVS measurement assessment undertaken by the Safety Office.</p>	<p>Yes / No (delete as appropriate)</p>	<p>Email the related risk assessment(s) with these work activities to allow us to determine whether these work activities constitute exposure to HAVS.</p> <p>Depending on exposure, enrolment on the OH health surveillance programme may be necessary prior to commencement of this work.</p>
<p>Night work</p> <p>Means a person will have regular night work of at least 3 hours between 23:00hrs and 06:00hrs (inclusive) only - not working late in the evening.</p>	<p>Yes / No (delete as appropriate)</p>	<p>If yes, please complete and return: <a href="#">OHF32 form - Health Assessment Questionnaire for Night Workers</a></p>
<p>Food handling</p> <p>Means the person's work will involve the preparation of uncooked food, e.g. by chefs, it does <b>not</b> mean the handling of wrapped food, such as sandwiches and biscuits.</p>	<p>Yes / No (delete as appropriate)</p>	<p>If yes, please complete and return: <a href="#">OHF05 form - Food handlers questionnaire   Occupational Health</a></p>
<p>Other - <i>Please specify here.</i></p> <p>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.</p>	<p>Yes / No (delete as appropriate)</p>	<p>If yes, please email copies of the risk assessments associated with this exposure.</p>