|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| University of Glasgow logo | | Health Surveillance Risk Assessment | | | | | | | | | | | | | |
| **School / Service / Institute** | | | | |  | | | | | | | | | | |
| **Building** | | | | |  | | | | | | | | | | |
| **Room Number** | | | | |  | | | | | | | | | | |
| **Responsible Person** | | | | |  | | | | | | | | | | |
| **Contact Telephone Number** | | | | |  | | | | | | | | | | |
| **Contact E-mail Address** | | | | |  | | | | | | | | | | |
| **Summary of Task or Hazard Area** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Special considerations for health surveillance (tick all that apply)** | | | | | | | | | | | | | | | |
| Image result for medical symbol  **Sensitive Individual(s)** | **Yes** | | | **No** | | Image result for sensitiser symbol  **Respiratory / Skin Sensitisers** | | | **Yes** | **No** | | Image result for animal symbol mouse  **Laboratory Animals / Cages** | | **Yes** | **No** |
|  | | |  | |  |  | |  |  |
| **Task involves significant exposure to physical hazards** | | | | | | | | | | | | | | | |
| **Hazard** | | | **Yes / No** | | | | **Duration of exposure** | **Frequency of Exposure** | | | **Details of Exposure** | | | | |
| **Noise1** | | |  | | | |  |  | | |  | | | | |
| **Hand Arm Vibration (HAV)2** | | |  | | | |  |  | | |  | | | | |
| **Whole Body Vibration (WBV)2** | | |  | | | |  |  | | |  | | | | |
| **Ionising Radiation (α,β,λ)3** | | |  | | | |  |  | | |  | | | | |
| **Ultraviolet light** | | |  | | | |  |  | | |  | | | | |
| **Work in Compressed Air** | | |  | | | |  |  | | |  | | | | |
| **Other (Please Specify)** | | |  | | | |  |  | | |  | | | | |
| **Details of control measures in place:** | | | | | | | | | | | | | | | |
| **1: At or above upper exposure action value: 85db(A) LEP,D (i.e. averaged over an 8h period)**  **2: HAV 8 hour daily exposure action value (2.5m/s2) or WBV 8 hour daily exposure action value (0.5m/s2) averaged over 8h**  **3: Required for classified workers (those likely to receive an annual dose above 6mSv (3/10 of any other relevant dose limit).** | | | | | | | | | | | | | | | |
| **Task involves significant exposure to biological hazards** | | | | | | | | | | | | | | | |
| **Hazard** | | | **Yes / No** | | | | **Duration of exposure** | **Frequency of Exposure** | | | **Details of Exposure** | | | | |
| **Contact with lab animals1** | | |  | | | |  |  | | |  | | | | |
| **Work with cages / bedding1** | | |  | | | |  |  | | |  | | | | |
| **Human blood / unfixed tissue** | | |  | | | |  |  | | |  | | | | |
| **Biological agents2** | | |  | | | |  |  | | |  | | | | |
| **Latex (including latex gloves)** | | |  | | | |  |  | | |  | | | | |
| **Wet Work3** | | |  | | | |  |  | | |  | | | | |
| **Other (Please Specify)** | | |  | | | |  |  | | |  | | | | |
| **Details of control measures in place:** | | | | | | | | | | | | | | | |
| **1: HSE guidance indicates any level of exposure may require health surveillance (animals, birds, insects)**  **2: Contact with viruses, bacteria or other agents with potential to cause disease, infection or adverse health effects**  **3: Frequent or prolonged contact with water / mixtures usually more than 2 hours per day or more than 20 hand washes** | | | | | | | | | | | | | | | |
| **Task involves significant exposure to chemical hazards and dusts** | | | | | | | | | | | | | | | |
| **Hazard** | | | **Yes / No** | | | | **Duration of exposure** | **Frequency of Exposure** | | | **Details of Exposure** | | | | |
| **Lead / Asbestos** | | |  | | | |  |  | | |  | | | | |
| **CoSHH Schedule 6 Substances** | | |  | | | |  |  | | |  | | | | |
| **Respiratory Sensitiser1** | | |  | | | |  |  | | |  | | | | |
| **Respiratory Irritant** | | |  | | | |  |  | | |  | | | | |
| **Skin Sensitiser1** | | |  | | | |  |  | | |  | | | | |
| **Skin Irritant / Corrosive** | | |  | | | |  |  | | |  | | | | |
| **Carcinogen / Mutagen** | | |  | | | |  |  | | |  | | | | |
| **Nuisance Dust** | | |  | | | |  |  | | |  | | | | |
| **Latex (including latex gloves)** | | |  | | | |  |  | | |  | | | | |
| **Regular glove user2** | | |  | | | |  |  | | |  | | | | |
| **Wet Work3** | | |  | | | |  |  | | |  | | | | |
| **Other (Please Specify)** | | |  | | | |  |  | | |  | | | | |
| **Details of control measures in place:** | | | | | | | | | | | | | | | |
| **1: Confirmed using Safety Data Sheet (SDS) or EH40 (“Sk” or “Sen” listed in comments)**  **2: Regular or prolonged use of disposable gloves (including latex, vinyl or nitrile gloves)**  **3: Frequent or prolonged contact with water / mixtures usually more than 2 hours per day or more than 20 hand washes** | | | | | | | | | | | | | | | |
| **Risk Assessment Completion** | | | | | | | | | | | | | | | |
| **This should be signed by the person carrying out the health surveillance risk assessment (usually the principal investigator or line manager responsible for the hazard area or task). The risk assessment should be reviewed by a competent person.** | | | | | | | | | | | | | | | |
| **Risk assessment completed by:** | | | | | | | | | | | | | **Date:** | | |
| **Risk assessment reviewed (and approved) by:** | | | | | | | | | | | | | **Date:** | | |
| **Date of next review:** | | | | | | | | | | | | | | | |