

## Pre-Placement Job Risks

Job hazards associated with the post – please tick all that apply:

No Job Risks <input type="checkbox"/>	Regular Night Work <input type="checkbox"/>	Shift Work <input type="checkbox"/>
Unsocial Hours <input type="checkbox"/>	Working Alone (Isolated) <input checked="" type="checkbox"/>	Working Alone (but contact with others) <input checked="" type="checkbox"/>
Working with vulnerable children/students/adults Social Care Worker <input checked="" type="checkbox"/>	Care Worker <input type="checkbox"/>	Healthcare Worker – Social Patient Contact <input type="checkbox"/>
Healthcare Worker (exposure to body fluids) <input type="checkbox"/>	Undertaking Exposure Prone procedures <input type="checkbox"/>	Scabies <input type="checkbox"/>
Tetanus <input type="checkbox"/>	Noise <input type="checkbox"/>	Tuberculosis <input type="checkbox"/>
Display Screen Equipment <input checked="" type="checkbox"/>	Physically Active <input type="checkbox"/>	Prolonged Standing <input type="checkbox"/>
Regular Lifting <input type="checkbox"/>	Regular Bending <input type="checkbox"/>	Working in confined spaces <input type="checkbox"/>
Aggressive/challenging behaviour <input checked="" type="checkbox"/>	Blood/body Fluids <input type="checkbox"/>	Chemicals <input type="checkbox"/>
Light Service Vehicle <input type="checkbox"/>	PSV/Minibus/LGV/HGV (Group 2 DVLA) <input type="checkbox"/>	Ground Maintenance Equipment <input type="checkbox"/>
Cat. D/ or Equivalent (Group 1 DVLA) <input type="checkbox"/>	Car User <input checked="" type="checkbox"/>	Fork Lift Truck <input type="checkbox"/>
Work needing hearing protection <input type="checkbox"/>	Food Handler <input type="checkbox"/>	Colour Vision <input type="checkbox"/>
Good long sight vision <input type="checkbox"/>	Sedentary <input checked="" type="checkbox"/>	Working at Heights <input type="checkbox"/>
Contact with animals (incl. bites e.g., Weils disease) <input type="checkbox"/>	Dust <input type="checkbox"/>	Freezer Temperatures <input type="checkbox"/>
Fumes <input type="checkbox"/>	Invertebrate venoms (insect bites/stings) <input type="checkbox"/>	Pets and Diseases (e.g. plants/animal husbandry) <input type="checkbox"/>
Plant Toxins <input type="checkbox"/>	Traffic <input type="checkbox"/>	Vertebrate venoms(e.g. snake bite) <input type="checkbox"/>
Vibration/Vibrating Machinery <input type="checkbox"/>	Weather/Outdoors (incl sun exposure) <input type="checkbox"/>	Working on uneven ground <input type="checkbox"/>
Sewage /Waste <input type="checkbox"/>	Asbestos Licensed <input type="checkbox"/>	Asbestos Non-licensed <input type="checkbox"/>