



Job Hazard Identification Form (Contractors)

Surname		Forename(s)	
Job Title		Work Area	
Company Name		AWE Contract Manager	
Site Contact		Contact Number	

Office based Yes / No **If yes, % of time in office:** <25% 50% >75%

If no, please give description of duties

In order for the occupational health department to be able to make a assessment of this persons medical fitness for work placement on AWE sites please tick all potential hazards that apply to this persons job

	YES	NO	Risk Level			Comments
			H	M	L	
Manual Handling						
Does the job require hazardous manual handling operations?						
Work Environment						
Noise (≥ 80dB) – Action Level 1						
Noise (≥ 85dB) – Action Level 2						
Working at height						
Outdoor work						
Extremes of heat or cold						
Cement dust						
Confined spaces						
Restricted Space						
Work Equipment						
Display Screen Equipment						
Vibrating tools						
Laser						
Chemical Hazards						
Chemical Cleaners						
Silica						
Cement						
Mortar						
Solvents						
Isocyanates						
Personal Protective Equipment For			Describe PPE			i.e. gloves, helmet, etc
Head						
Face						
Feet						
Hands						
Body						
Biological Hazards						
Food Preparation						
Moulds / Fungi						
Water / sewage						
Plant Operator / Driving						
Crane						
Fork Lift Truck						
Dumper Truck						
Loading shovel						
Heavy Goods Vehicle						
Other Vehicles (please list in column opposite)						
Registered/Classified Worker for:						
Classified Ionising radiation (IRR)						
Monitored Radiation worker (AWE classification)						
Asbestos						
Lead						