1. This form should be used by the Local Manager to request investigation of a work area by the Occupational Hygienist.
2. Where possible, all information requested in text boxes should be completed.
3. The form, once completed, should be emailed to Peter Heron. In the event of urgent occupational hygiene advice being required, telephone 07960959088
4. A copy of this form should be held in the Health & Safety Management Manual.

|  |  |  |  |
| --- | --- | --- | --- |
| Directorate/ CHP |  | Unit & Location |  |
| Referrer Name: |  | Designation |  |

**Nature of concern:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Temperature/ Humidity [ ]  | Lighting [ ]  | Noise./ Vibration [ ]  | Dust [ ]  | Fumes / Vapour [ ]  |
| Other [ ]  please specify: |
| Brief description of concern: |
| Have other departments been informed? | Health & Safety [ ]  | Estates [ ]  | Infection Control [ ]  | Occ. Health [ ]  |
| Other: |

**Local Risk Assessment**

|  |  |
| --- | --- |
| Has a risk assessment been completed for this work activity? | Yes [ ]  (please attach a copy of the risk assessment) No [ ]   |
| What significant hazards are present? |
| Are the risks adequately controlled? Yes [ ]  No [ ]  Give details of the control measures currently in use: |

**Incident Reporting**

|  |  |
| --- | --- |
| Did an incident Occur to trigger this request? | Yes [ ]  No [ ]  |
| Has a Datix report been completed? | Yes [ ]  No [ ]  | Datix reference No. |  |
| Is there any absence related to this incident? | Yes [ ]  No [ ]  |
| Have other similar incidents occurred? | Yes [ ]  No [ ]  |

|  |
| --- |
| Are there any other comments? |