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](mailto:peter.heron@ggc.scot.nhs.uk). 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? |