

Physical and Emotional Requirements Risk Assessment

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| Role : HR Officer |
| Below is a list of risks that may be present throughout this role along with how often they may occur. Please read through this list carefully and indicate whether you are able to complete these tasks. Where you feel you are unable to complete a type of task, please detail the reasoning in the comments section. |
| Name:       |
| Risk | How often this occurs | I can complete this type of task | I cannot complete this type of task | Comments or concerns(If you select that you cannot complete a type of task, please indicate why in this section) |
| Physical |  |  |  |  |
| Display screen use - Staff risk posture problems and pain, discomfort, or injuries from over or improper use or from poorly designed workstations or work environments. Headaches or sore eyes can also occur, eg. if the lighting is poor. |  | [ ]  | [ ]  |  |
| Manual Handling - risk injuries or back pain from handling heavy/bulky objects, eg. deliveries of paper or moving office equipment |  | [ ]  | [ ]  |  |
| Working in a high energy office environment |  | [ ]  | [ ]  |  |
| Frequent hand washing / sanitising of the workspace |  | [ ]  | [ ]  |  |
| Slips and trips |  | [ ]  | [ ]  |  |
| Working at height – filing on high shelves, putting up decorations etc. |  | [ ]  | [ ]  |  |
| Emotional |  |  |  |  |
| Dealing with difficult or emotional situations |  | [ ]  | [ ]  |  |
| Able to deal with events happening quickly and without warning  |  | [ ]  | [ ]  |  |
| Lone working  |  | [ ]  | [ ]  |  |
| Handling sensitive information |  | [ ]  | [ ]  |  |
| Working in a noisy environment that may feel overwhelming if experienced for long periods |  | [ ]  | [ ]  |  |
| Other |  |  |  |  |
| Driving required – travel between the different centres |  | [ ]  | [ ]  |  |

By completing the above Physical and Emotional Requirements Risk Assessment as part of my application for the role indicated above, I agree that I am physically and/or emotionally able to complete the types of tasks listed above unless stated otherwise.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_