

OCCUPATIONAL HEALTH JOB ANALYSIS FORM
Office Manager

	<i>please indicate choice</i>	N	O	F	C
Environmental Exposures					
Outside work			X		
Extremes of temperature			X		
Potential for exposure to blood or body fluids	X				
Noise (greater than 80dba – 8hrs twa)	X				
Vibration	X				
Exposure to hazardous substances (e.g. solvents, liquids, dust, fumes, biohazards) Specify: dust, bird guano, lead, rat urine, other building hazards.	X				
Other hazards – e.g. hazardous or dirty waste Specify: potential identification of asbestos	X				
Ionising radiation (State if classified worker Yes/No)	X				
Equipment/Tools/Machines used					
Food handling	X				
Driving e.g. car/ van/ LGV/ PCV/ Transport of clients			X		
Frequent hand washing	X				
Computer use					X
Use of latex gloves	X				
Vibrating tools	X				
Psychosocial issues					
Face to face contact with public			X		
Exposure to verbal aggression			X		
Exposure to physical aggression	X				
Lone working			X		
Ability to control pace of work				X	
Ability to control own workload				X	
Responsible for managing/ supervising staff			X		
Vulnerable clients – children/ emotionally disturbed/ elderly	X				
Exposure to distressing or emotional circumstances	X				
Shift work/ night work/ on call duties	X				
Physical Abilities (if loads are handled, enter load size in box)					
Client manual handling	X				
Load manual handling. Specify: inspection equipment such as ladders, light weight scaffold etc	X				
Crouching	X				
Kneeling	X				
Pulling	X				
Pushing	X				
Lifting			X		
Sitting					X
Standing			X		
Stooping			X		
Walking	X				
Climbing – ie. step stools, ladders			X		
Fine motor grips	X				
Gross motor grips	X				
Reaching below shoulder height			X		
Reaching at shoulder height			X		
Reaching above shoulder height			X		

KEY
N = Never
O= Occasionally: up to 1/3rd of time

F= Frequently: up to 2/3rd of time

C= Constantly: more than 2/3rd of time

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