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**JOB ANALYSIS FORM**

The Job Analysis Form (JAF) provides information about the specific demands that a post makes on a worker/student. It can be used to analyse the demands of any job and to assess what, if any, Occupational Health checks need to be carried out.

The JAF **must be completed by a responsible person** who is fully familiar with the demands of the job, i.e. the line manager, or supervisor, and **after eligibility for a Research Passport has been confirmed** by the Research Governance Office.

Completing the form:-

* Identify whether the factor listed is a skill required or hazard encountered in the post
* Rate the frequency of it in the specific post as “never, occasionally, frequently” or “constantly”

As a guide:

* **N**ever : (means the task is never done)
* **O**ccasionally: up to 1/3 of the time spent on this task
* **F**requently: up to 2/3 of the time spent on this task
* **C**onstantly : more than 2/3 of the time spent on this task

You can:

* Print out the form, complete it and send to OH as a paper copy
* Print out the form, complete it, scan into your PC and email to OH as an attachment
* Complete the form electronically, save it, download it and email to OH as an attachment

The fully completed form must be sent to: Occupational Health, 63 Oakfield Avenue, Glasgow G12 8LP or emailed to [ohu@admin.gla.ac.uk](mailto:ohu@admin.gla.ac.uk)

**If the form is not completed or not completed properly it will not be processed and this will hold up your application.**

Please see the web pages for Human Resources and Occupational Health for further information about research passports for non-clinical researchers.

<http://www.gla.ac.uk/services/humanresources/policies/p-z/researchpassport/>

<http://www.gla.ac.uk/services/occupationalhealthunit/researchpassports-nonclinicalresearchers/>

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**OCCUPATIONAL HEALTH - JOB ANALYSIS FORM**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | |  | | | | | | | | |
| **Staff** | | **Yes / No** | | **Staff Number** |  | | | | | |
| **Student** | | **Yes / No** | | **Student Number** |  | | | | | |
| **Job/Post Title** | |  | | **Contact Telephone No.** |  | | | | | |
| **Employer** | |  | | **School/Research Institute** |  | | | | | |
| **Post Number** | |  | | **Date** |  | | | | | |
|  | |  |  |  |  | | | | |  |
| **Safety Critical Tasks Please indicate level of risk/exposure (use tick or cross)** | | | | | | **N** | **O** | **F** | **C** | |
|  |  | | | | |  |  |  |  | |
| **1** | Direct patient care | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **2** | Patient responsibility | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **3** | Exposure Prone Procedures | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **4** | Vulnerable clients: Children / emotionally disturbed / elderly / High dependency / obstetrics Other Specify: | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **5** | Ionising radiation - Classified | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **6** | Ionising radiation – Not classified | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **7** | Emergency response command or control | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **8** | Driving staff | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **9** | Driving patients | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **10** | Driving HGV or PSV Vehicles | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **11** | Driving emergency – “blue light” Vehicles | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **12** | Driving Forklift trucks | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **13** | Food handling - preparation | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **14** | Food handling - serving | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **15** | Colour perception. Specify: | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **16** | Colour matching. Specify: | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **17** | OTHER – SPECIFY | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **Environmental Exposures** | | | | | | **N** | **O** | **F** | **C** | |
|  |  | | | | |  |  |  |  | |
| **18** | Potential for exposure to blood or body fluids | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **19** | Frequent hand washing | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **20** | Exposure to hazardous substances (e.g. solvents, liquids, dust, fumes, biohazards, waste, latex) Specify: | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **21** | Noise (greater than 80dB - 8hrs TWA) | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **22** | Vibration | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **23** | Extremes of temperature / outside work | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **24** | Work at heights | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **25** | Confined spaces | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **26** | OTHER – SPECIFY | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **Equipment / Tools / Machines used** | | | | | | **N** | **O** | **F** | **C** | |
|  | | | | | | | | | | |
| **27** | Driving self | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **28** | Computer / VDU use | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **29** | Client / Patient handling equipment. Specify: | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **30** | Vibrating tools | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **31** | OTHER – SPECIFY | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **Psychosocial Issues** | | | | | | **N** | **O** | **F** | **C** | |
|  |  | | | | |  |  |  |  | |
| **32** | Face to face contact with public | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **33** | Exposure to verbal aggression | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **34** | Exposure to physical aggression | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **35** | Lone working | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **36** | Ability to control pace of work | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **37** | Ability to control own workload | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **38** | Responsible for managing/supervising staff | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **39** | Exposure to distressing or emotional circumstances | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **40** | Shift work / night work / on call duties | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **41** | OTHER – SPECIFY | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **Physical Abilities**  (If loads are handled, enter load size in box) | | | | | | **N** | **O** | **F** | **C** | |
|  |  | | | | |  |  |  |  | |
| **42** | Client/Patient manual handling. Specify: | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **43** | Load manual handling. Specify: | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **44** | Crouching / Stooping / Kneeling | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **45** | Pulling / Pushing | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **46** | Sitting | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **47** | Standing | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **48** | Walking | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **49** | Climbing steps or stools | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **50** | Climbing ladders | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **51** | Reaching below / at / above shoulder height | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **52** | Gripping /grasping | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **53** | Fine manual dexterity | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **54** | Near Vision | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **55** | Middle vision (VDU screen) | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **56** | Hearing | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **57** | Speech | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **58** | Writing / recording information | | | | |  |  |  |  | |
|  |  | | | | |  |  |  |  | |
| **59** | OTHER – SPECIFY | | | | |  |  |  |  | |

|  |  |  |
| --- | --- | --- |
| Signature: |  | Date: |
| Designation: |  | |