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| **Client Details** | | | | | | | | | | | | | | | | | Date of Enquiry: | | | | | | | | | | | | | | | | | | | |
| Client Name | |  | | | | | | | | | | | | | | | Contact Name | | | | | | |  | | | | | | | | | | | | |
| Client Tel | |  | | | | | | | | | | | | | | | Contact Tel | | | | | | |  | | | | | | | | | | | | |
| Client Email | |  | | | | | | | | | | | | | | | Contact Email | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEHQ | | |  | Fit for Work | | | | | |  | | Mgt Referral | | | | | |  | | | RTW | | | | | | | |  | | Absence Mgt | | | | |  |
| Health Surveillance | | |  | Audiometry | | | | | |  | | Spirometry | | | | | |  | | | Skin Assess | | | | | | | |  | | HAVS | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contract | | |  | Annual | | | | | |  | | Sub-Contract | | | | | | |  | Ad Hoc | | | | | | | | | |  | | Other | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Automotive |  | | | | Construction | | | |  | | | | | Public Sector | | | | |  | | | Services | | | | | |  | | | | | Food |  | | |
| Office Based |  | | | | Logistics | | | |  | | | | | Manufacturing | | | | |  | | | Retail | | | | | |  | | | | | Other |  | | |
| No. Employees | <50 | | | | 51-100 | | | |  | | | | | 101-500 | | | | |  | | | 501-999 | | | | | |  | | | | | 1000+ |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current OH Service? | | | | | | | Y N | **Main causes of absence:** | | | | | | | | | | | | | | | Colds & General Ailments | | | | | | | | | | | |  | |
| Current absence issues? | | | | | | | Y N | MSK | | | | | | | | | | | |  | | | At work – No Restrictions | | | | | | | | | | | |  | |
| Current Absence % | | | | | | |  | Stress or Anxiety | | | | | | | | | | | |  | | | At work – With Restrictions | | | | | | | | | | | |  | |
| Company Sick Pay Scheme | | | | | | | Y N | Long Term Absence | | | | | | | | | | | |  | | | Work related illness | | | | | | | | | | | |  | |
| HR in situ? | | | | | | | Y N | Short-Term Absence | | | | | | | | | | | |  | | | Physio or Counselling | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Risk Hazards** | | | | | | | | | | |  | | | | | **Health Screening** | | | | | | | | | | | | | | | | | | |  | |
| Medical or online screening? | | | | | | | | | | | Y N | | | | | New Employee Health Screening | | | | | | | | | | | | | | | | | | |  | |
| Is workplace noisier than 85dba? | | | | | | | | | | | Y N | | | | | Audiometry (Hearing) Screening | | | | | | | | | | | | | | | | | | |  | |
| Is the workplace dusty? | | | | | | | | | | | Y N | | | | | Spirometry (Lung Function) Screening | | | | | | | | | | | | | | | | | | |  | |
| Are vibration tools used? | | | | | | | | | | | Y N | | | | | HAVS / Vibration Assessments | | | | | | | | | | | | | | | | | | |  | |
| COSHH Regulated Substances used? | | | | | | | | | | | Y N | | | | | Skin & Respiratory Surveillance Assessments | | | | | | | | | | | | | | | | | | |  | |
| Office workers under regs? | | | | | | | | | | | Y N | | | | | DSE Assessments | | | | | | | | | | | | | | | | | | |  | |
| Food production or preparation? | | | | | | | | | | | Y N | | | | | Food hygiene screening | | | | | | | | | | | | | | | | | | |  | |
| Employees night workers? | | | | | | | | | | | Y N | | | | | Night worker Assessments | | | | | | | | | | | | | | | | | | |  | |
| LGV or non LGV Drivers? | | | | | | | | | | | Y N | | | | | Driver Medicals (FLT, LGV) | | | | | | | | | | | | | | | | | | |  | |
| Is work safety critical? | | | | | | | | | | | Y N | | | | | Working at Height and/or in Confined Spaces | | | | | | | | | | | | | | | | | | |  | |
| **Additional Client Requirements** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How did you hear about Kernow Occupational Health?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Word of Mouth | | |  | | | Previous Client | | | | | | |  | | Recommendation | | | | | | | | | |  | | Leaflet | | | | | | | |  | |
| Internet Search | | |  | | | Facebook | | | | | | |  | | Advertisement | | | | | | | | | |  | | Other | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **General Administration – To be completed by KOH** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Quote Created Y N | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | | | | |
| Client/Site Visit Required Y N | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | | | | |
| Proposal Sent to Client Y N | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | | | | |
| Proceed with Services Y N | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | | | | |
| Terms of Business Sent Y N | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | | | | |
| Follow-Up Action Required Y N | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | | | | |