Many jobs involve the use of chemicals which can harm your health if they are not used properly. As your employer I have to identify the risks to your health and ensure that they are properly controlled. Where control relies on personal protective equipment (PPE, such as masks, overalls and gloves) or where the chemical(s) can be absorbed through your skin, biological monitoring can be used to indicate how much of a chemical you are exposed to at work has entered your body.

You can find out more about biological monitoring in the free HSE leaflet [*Biological monitoring in the workplace: Information for employees on its application to chemical exposure*](http://www.hse.gov.uk/pUbns/priced/hsg167.pdf)*.*

A biological monitoring programme is about to begin in your workplace. The results will be used to check that your exposure to [enter chemical name] at work is being adequately controlled. You do not have to take part in this programme. If you decide not to take part, this will not affect your conditions of employment. Similarly, if you do take part, the result of your test will not affect your conditions of employment.

You will be offered a copy of your results. They will be used by [enter name of responsible person] to assess whether your exposure to [enter chemical name] needs to be reduced. Your permission will be sought before results are passed to any other person.

If you require more information at any time, or have any concerns about the programme or your results, you can contact [enter name of responsible person] on [contact details].

**Section A: To be completed by the employee**

The purpose of this biological monitoring programme and the actions which might be taken to control my exposure have been explained to me by [enter name of responsible person]. I, [worker name], agree to provide a sample of blood/urine/breath\* for the measurement of [enter chemical name] under the following conditions:

1. The sample I provide will **only** be analysed for [enter chemical name] and related tests.
2. The result of my test will be sent to [enter name of responsible person].
3. Further access to my results will be restricted to the following persons in the indicated forms:

|  |  |  |  |
| --- | --- | --- | --- |
| Person to receive results\*\* | Individual results (not anonymised) | Individual results (anonymised) | Group results (anonymised) |
|  |  |  |  |
|  |  |  |  |

1. I would/would not\* like to receive my own result and have it explained to me.

Signature of employee: ……………………………….. Date: ……………………………………..

**Section B: To be completed by the biological monitoring programme manager**

I agree to abide by the above conditions.

Signature of biological monitoring programme manager: …………………………………………………………

Name (print)…………………………………………. Date: …………………………………………….

**Notes**

**Completion of this form**

Section A should be completed by the employee.

Section B should be completed by the biological monitoring programme manager.

*Note: A signed copy of the form should be held by the employer and employee.*

*Note: You may need to simplify this form, particularly question 3, to suit individual circumstances.*

\*Delete as appropriate

\*\*This box should be completed by the programme manager following discussion and agreement with employees or their representatives. Recipients may be supervisors, employers, health and safety managers, trade union representatives or occupational health staff not involved in running the programme.