

Conflict of role declaration

Form | OHS-FRM-006

Document type	Form
Title	Conflict of role declaration
Document ID	{{facility.code}}-OHS-FRM-006
Version and status	1.0 Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 14 (Occupational Health), criterion 14.7
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

Use this form when

Records each assessor's declaration of any conflict for each assessment.

1. How to complete

- Declare before each assessment.
- Record any conflict and who takes over.
- Sign.

2. Items to check

#	Item	Standard or evidence	Yes	No	N/A	Action if No
1	Assessor and worker	Yes	☐	☐	☐	Action and who to tell
2	Assessor treats, manages or has a stake in the worker (yes or no)	Yes	☐	☐	☐	Action and who to tell
3	Assessment reassigned to (if conflict)	Yes or N/A	☐	☐	☐	Action and who to tell
4	Signed and date	Yes	☐	☐	☐	Action and who to tell

Completed by (name and role): _____ Date/time: _____ Signature: _____

3. Evidence

ID	Source and status
E-009	Based on the ICOH International Code of Ethics for Occupational Health Professionals, 3rd edition (2014).
E-006	ASF Policy Framework v1.2. Adapted.

ID	Source and status
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus.

4. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval