

New and Expectant mothers risk assessment



Project Safety Services

Name Department Line Manager

Date baby due / was born (approx)

Does the work programme involve any of the following?	Yes No	Average length of exposure per day	Notes / Comments
Shift patterns, especially night work			
Manual Handling			
Continuous standing			
Constant sitting			
Work in areas with wet or slippery surfaces.			
Long periods of driving			
Work in which the taking of rest breaks and/or distance to rest room/toilets may be a problem.			

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Does the work programme involve any of the following?	Yes No	Average length of exposure per day	Notes / Comments
Any other work hazards, which may pose a hazard to a pregnant or new mother			
Any use of chemicals			
Working in Hot or cold environments			
High levels of stress			
Is the workstation comfortable to work at and set up correctly to ensure correct posture is maintained			

Has the employee made their GP aware of the nature of works undertaken and has the GP made any recommendations (if so please list separately these recommendation).

Yes No

Signed by Assessor

Date of Assessment

Signed by Employee

On completion of this form please return to Health and Safety Officer who will investigate risk and report back on any measures required to reduce risks to pregnant person.