**Risk assessment form for new and expectant mothers**

This checklist should be completed as soon as the employee notifies the line manager of their pregnancy, this will help to identify any hazard to the employee

The risk assessment should be reviewed on a regular basis throughout the pregnancy and any necessary control measures put in place.

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| --- | --- | --- | --- | --- |
| **Name of employee** |  | | | |
| **Job Title** |  | | | |
| **Academic School/Service** |  | | | |
| **Date of childbirth/expected date of childbirth** |  | | | |
| **Date of initial risk assessment** |  | | | |
| **Name and job title of person carrying out risk assessment** |  | | | |
| **Possible Risks to Expectant Mothers** | **Risks identified - who could be at risk and how?** | **Precautions already taken to reduce those risks** | **Action necessary (including dates if appropriate when action will be taken and name of person/persons responsible for taking action** | **Review (date undertaken)** |
| **Physical hazards:**   * Awkward/confined spaces and workstations * vibration * noise * does the employee stand or sit for long periods of time |  |  |  |  |
| **Chemical hazards:**   * handling chemicals/cleaning agents |  |  |  |  |
| **Biological agents:**   * infections (including Rubella, Chicken Pox and Slapped Cheek Disease) |  |  |  |  |
| **Working conditions:**   * employee able to take rest periods during her working day * excessive working hours * unusually stressful work * high or low temperatures * lone working * working at heights * travelling on business * exposure to potential violence * Working hours/pattern of working week – options for consideration |  |  |  |  |
| **Manual Handling**   * carry or move heavy loads * employee aware of safe handling procedures * has a manual handling risk assessment been completed for the employee? |  |  |  |  |
| **Display Screen Equipment**   * Does the employee use the computer for long periods of time? * Is the workstation furniture suitable for the employee? * Has a DSE risk assessment been completed for the employee? |  |  |  |  |
| **Welfare**   * Has the employee disclosed any other specific welfare issues mentioned by the employee |  |  |  |  |
| **Any other hazard identified** |  |  |  |  |
| **Possible Risks to New Mothers** | **Risks identified who could be at risk and how** | **Precautions already taken to reduce those risks** | **Further action necessary (including dates when action will be taken and name of person/people responsible for taking action** | **Review (days undertaken)** |
| **Welfare**   * Can nursing mothers frequently hydrate * Do nursing mothers have a facility to privately express milk |  |  |  |  |
| **Any other hazard identified** |  |  |  |  |
| **Details of any advice provided by the employee's GP or midwife that may have an impact in respect of associated risk/s** |  |  |  |  |
| **Additional Information that may be relevant** |  |  |  |  |
| **Employee's signature** |  |  |  |  |
| **Date** |  |  |  |  |
| **Signature of person carrying out risk assessment** |  |  |  |  |
| **Date** |  |  |  |  |