**New and Expectant Mothers Risk Assessment Checklist & Action PLan**

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| **Movements and Postures**  Is it necessary to stand for long periods without a break?  Is it necessary to sit for long periods without a break?  Is there enough space for movement as the pregnancy progresses?  Does the equipment or workspace need to be adjusted for the person?  Is awkward twisting or stretching involved?  Is climbing up and down steps or ladders involved?  Is carrying items up or down steps or ladders involved? | | | **Yes or No**  Choose  Choose  Choose  Choose  Choose  Choose  Choose | | **How will identified risks be controlled?**  Click or tap here to enter text. | | |
| **Manual Handling**  Is strenuous lifting required?  Is lifting of awkward or difficult to hold objects required?  Is repetitive movement involved? | | | **Yes or No**  Choose  Choose  Choose | | **How will identified risks be controlled?**  Click or tap here to enter text. | | |
| **Shocks, Jolts And Vibrations**  Do tasks involve whole body vibration e.g., driving minibuses etc.?  Is there any danger from falling objects?  Is driving or riding in off-road vehicles involved? | | | **Yes or No**  Choose  Choose  Choose | | **How will identified risks be controlled?**  Click or tap here to enter text. | | |
| **Noise**  Are noise levels within the [HSE - Noise: Regulations](https://www.hse.gov.uk/noise/regulations.htm) guidelines? | | | **Yes or No**  Choose | | **How will identified risks be controlled?**  Click or tap here to enter text. | | |
| **Ionising and Non-Ionising Radiation**  Are exposure levels within [HSE Working safely with ionising radiation: Guidelines for expectant or breastfeeding mothers](https://www.hse.gov.uk/pubns/indg334.pdf)? | | | **Yes or No**  Choose | | **How will identified risks be controlled?**  Click or tap here to enter text. | | |
| **Biological Agents And Infections**  Are there dangers from bacteria and parasites e.g., raw meat, fish, other foodstuffs, unpasteurised dairy products, dirty toilets, live animals, pests?  Is there exposure to blood borne, childhood, zoonotic or other infections and viruses e.g., HIV, chickenpox, rubella, toxoplasmosis? | | | **Yes or No**  Choose  Choose | | **How will identified risks be controlled?**  Click or tap here to enter text. | | |
| **Chemicals**  Is there exposure to chemicals subject to the [Control of Substances Hazardous to Health - HSE](https://www.hse.gov.uk/coshh/) guidance which present a known risk?  Is the handling of chemicals including spillages, residues, contaminated materials, surfaces or equipment required?  Are there dangers from fumes e.g., unloading dry clean machines etc.?  Are substances used that could adversely affect the unborn child e.g., mercury derivatives, amniotic drugs, carbon monoxide, some pesticides, solvents?  Is there any risk of exposure to lead or lead derivatives? | | | **Yes or No**  Choose  Choose  Choose  Choose  Choose | | **How will identified risks be controlled?**  Click or tap here to enter text. | | |
| **Working Conditions**  Is there somewhere to rest?  Is there easy access to toilet and associated hygiene facilities?  Are more frequent breaks allowable if necessary?  Is there a clean, private area for new mothers to express breast milk with storage facilities?  Is there a high perceived risk of violence?  Is help and support easy to access if alone or at risk of violence? | | | **Yes or No**  Choose  Choose  Choose  Choose  Choose  Choose | | **How will identified risks be controlled?**  Click or tap here to enter text. | | |
| **Working Hours**  Are long hours expected?  Is there any flexibility or choice over working/studying hours?  Are early starts or late finishes required?  Is night work involved? | | | **Yes or No**  Choose  Choose  Choose  Choose | | **How will identified risks be controlled?**  Click or tap here to enter text. | | |
| **Occupational Stress**  Are there tasks known to be stressful e.g., handling complaints, exams?  Have the individual’s concerns or specific medical or personal circumstances been taken into account regarding identified risks?  Does the individual know what to do if they feel they are being treated unfairly, bullied or harassed due to their pregnancy or maternity? | | | **Yes or No**  Choose  Choose  Choose | | **How will identified risks be controlled?**  Click or tap here to enter text. | | |
| **Extremes of Cold and Heat**  Is there exposure to temperatures that are uncomfortably hot or cold?  Can pregnant workers adjust their working hours or conditions or have extra rest breaks in hot weather?  Are arrangements for breaks & access to hot/cold drinks suitable? | | | **Yes or No**  Choose  Choose  Choose | | **How will identified risks be controlled?**  Click or tap here to enter text. | | |
| **Work and Personal Protective Equipment**  Is essential protective clothing & equipment available in suitable sizes?  Are obligatory uniform items provided in maternity sizes?  Are materials comfortable to wear? | | | **Yes or No**  Choose  Choose  Choose | | **How will identified risks be controlled?**  Click or tap here to enter text. | | |
| **Further Risks Identified**  Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text. | | | **By date**  dd/mm/yy  dd/mm/yy  dd/mm/yy  dd/mm/yy | | **How will identified risks be controlled?**  Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text. | | |
| **Assessor’s Name:** | Click or tap here to enter text. | **Date of Assessment:** | | dd/mm/yy | | **Assessor’s Signature:** | Click/tap here. |
| **Employee’s Name:** | Click or tap here to enter text. | **Job Role Assessed:** | | Click/tap here. | | **Employee’s Signature:** | Click/tap here. |