**NEW AND EXPECTANT MOTHERS RISK ASSESSMENT CHECKLIST**

Use our handy risk assessment checklist and flowchart, based on HSE guidance, for new and expectant mothers to ensure you manage health and safety risks effectively.

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| **NEW AND EXPECTANT MOTHERS RISK ASSESSMENT CHECKLIST** | | | |
| **Job Characteristics** | **Yes/No**  (If yes add description) | **Control**  **measures in**  **place** | **Additional control measures recommended** |
| **Physical Demands** |  |  |  |
| Lifting & carrying? |  |  |  |
| Bending or standing for long periods? |  |  |  |
| A lot of walking? |  |  |  |
| Using stairs frequently? |  |  |  |
| Accessing limited space? |  |  |  |
| Agility/dexterity required? |  |  |  |
| Regular use of computer? |  |  |  |
| Travel? |  |  |  |
| **Mental Demands** | | | |
| Challenging deadlines? |  |  |  |
| Emotional demands? |  |  |  |
| **Working Conditions** | | | |
| Easily accessible toilets? |  |  |  |
| Able to take toilet breaks when needed? |  |  |  |
| Able to take rest breaks when needed? |  |  |  |
| Risk of violence or aggression? |  |  |  |
| Does fire escape require assistance? |  |  |  |
| Is room temperature reasonable? |  |  |  |
| Is ventilation effective? |  |  |  |
| Is seating of suitable support and height? |  |  |  |
| **Specific Hazards of Role, for example:** | | | |
| Exposure to infectious diseases such as coronavirus, rubella, chicken pox, measles & parvovirus (slapped cheek syndrome). |  |  |  |
| Use of hazardous chemicals |  |  |  |
|  | | | |
| **Job Characteristics** | **Yes/No**  (If yes add description) | **Control measures in place** | **Additional control measures recommended** |
| Contact with animals |  |  |  |
| (Pregnant women should avoid contact with ewes and newborn lambs) |  |  |  |
| Ionising radiation – particularly unsealed sources. |  |  |  |
| Biological agents which may be used in laboratories |  |  |  |
| Contact with lead |  |  |  |
| **Individual’s Health and Welfare** | | | |
| Pre-existing medical conditions? |  |  |  |
| Specific advice received from medical practitioners? |  |  |  |
| Mental health? |  |  |  |
| Other matters which may affect employment? |  |  |  |

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| **Assessment completed:** |
| Date: |
| Signed: Line Manager |
| Signed: New or expectant mother |

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| **Actions agreed:** | **Date actions completed** |
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| **Assessment reviewed:** |
| Date: |
| Signed: Line Manager |
| Signed: New or expectant mother |

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| **Actions agreed:** | **Date actions completed** |
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