

New or Expectant Mother Risk Assessment

Title: _____

Severity: _____ Site: _____

Date / Time: _____ Completed by: _____

Employee Details

1 Employee name *

2 Job title

3 Department or team

4 Line manager

5 Expected due date

6 Current weeks of pregnancy

7 Is this a return to work following maternity leave?

Yes

No

N/A

8 Date of assessment *

Work Environment

9 Does the role involve exposure to any hazardous substances?

Yes

No

N/A

10 If yes, list the substances

11 Is there adequate ventilation in the work area?

Yes

No

N/A

12 Is the workspace temperature comfortable and adjustable?

Yes

No

N/A

13 Is the work area free from trip hazards and obstructions?

Yes

No

N/A

14 Is there exposure to loud noise?

Yes

No

N/A

15 Is there exposure to vibration from tools or machinery?

Yes

No

N/A

16 Photos of workspace

Attach file here

Physical Demands

17 Does the role require prolonged standing?

Yes

No

N/A

18 Does the role require prolonged sitting?

Yes

No

N/A

19 Does the role involve manual handling or heavy lifting?

Yes

No

N/A

20 If yes, what is the typical weight handled (kg)?

21 Does the role involve repetitive movements?

Yes

No

N/A

22 Does the role require working at height?

Yes

No

N/A

23 Does the role require bending or stretching?

Yes

No

N/A

24 Is there access to seating when needed?

Yes

No

N/A

Working Hours and Patterns

25 What are the normal working hours?

26 Does the role involve shift work?

Yes

No

N/A

27 Does the role involve night work?

Yes

No

N/A

28 Is overtime regularly required?

Yes

No

N/A

29 Are adequate rest breaks available?

Yes

No

N/A

30 Is there flexibility to take additional breaks if needed?

Yes

No

N/A

Facilities

31 Is there access to suitable rest facilities?

Yes

No

N/A

32 Is there access to toilets nearby?

Yes

No

N/A

33 Is there access to drinking water?

Yes

No

N/A

34 Is there a private area available for expressing milk?

Yes

No

N/A

35 Is there secure storage for expressed milk?

Yes

No

N/A

Travel and Lone Working

36 Does the role require travel?

Yes

No

N/A

37 If yes, describe the travel requirements

38 Does the role involve lone working?

Yes

No

N/A

39 Does the role require driving?

Yes

No

N/A

Specific Hazards Identified

40 List any specific hazards identified for this role

41 Risk level before control measures

Low

Medium

High

Control Measures

42 What adjustments or control measures are required?

43 Are alternative duties available if required?

Yes

No

N/A

44 Describe any temporary role changes

45 Risk level after control measures

Low

Medium

High

Review

46 Date of next review

47 Review frequency

Weekly

Fortnightly

Monthly

Each trimester

As needed

48 Additional comments or concerns raised by employee

Sign-off

49 Employee signature *

Signature

50 Manager or assessor name

51 Manager or assessor signature *

Signature

52 Date signed *