New and Expectant Mothers Risk Assessment

Individual risk assessment for an employee who is pregnant, has recently given birth or is breastfeeding.

Details

Employee name *	
Job title	
Assessor *	
Date *	_____ / _____ / _____
Expected due date	_____ / _____ / _____

Hazards

Item	Risk identified	No risk	N/A
Lifting and carrying *	☐	☐	☐
Standing or sitting for long periods *	☐	☐	☐
Exposure to chemicals or substances *	☐	☐	☐
Exposure to infection *	☐	☐	☐
Work at height *	☐	☐	☐
Long hours or night work *	☐	☐	☐
Lone working *	☐	☐	☐
Stress *	☐	☐	☐
Access to rest facilities *	☐	☐	☐
Workstation suitability *	☐	☐	☐

Actions

Adjustments agreed *	
Review date *	_____ / _____ / _____
Employee signature *	
Additional comments	

Assessor name *	
Assessor signature *	
Date signed *	_____ / _____ / _____

* Required