

### Pregnant Workers & New Mothers Risk Assessment Checklist.

|  |                   |                 |
|--|-------------------|-----------------|
| <b>Personal Details</b>                |                   |                 |
| Name: .....                            | Signature: .....  | Date: .....     |
| Job Title: .....                       | School/Unit ..... | Hours/wk: ..... |
| Anticipated date of confinement: ..... |                   |                 |

|  |                  |
|--|------------------|
| Name of assessing Manager (print): ..... | Signature: ..... |
| Remedial action to be taken<br>(if any): | By when:         |
| 1. ....                                  | .....            |
| 2. ....                                  | .....            |
| 3. ....                                  | .....            |

For detailed information on each of the risks identified below, refer to the New & Expectant Mothers Code of Practice

#### Section A - Does the individual undertake physical activities which involve:

- |  |        |
|--|--------|
| 1. Physical shocks, low frequency vibration or excessive movement?<br>If YES, redesign task  | YES/NO |
| 2. Manual handling of heavy loads where there is a risk of injury?<br>If YES, assess the activity and take steps to reduce the risks by<br>task redesign or reducing physical work | YES/NO |
| 3. Prolonged exposure to loud noise?<br>If YES, reduce noise level or limit exposure   | YES/NO |
| 4. Ionising radiation?<br>If YES, seek advice from Health & Safety Coordinator regarding safe levels<br>immediately  | YES/NO |
| 5. Extremes of heat?<br>If YES, ensure rest facilities and access to refreshments are available  | YES/NO |
| 6. Excessive movement, travel, mental or physical fatigue?<br>If YES, take action to reduce risk by task redesign  | YES/NO |
| 7. Working in pressurised atmospheres?<br>If YES, seek advice from Health & Safety Coordinator   | YES/NO |

### Section B - Working Conditions:

1. Does the task involve working underground or in cramped/confined spaces? YES/NO  
If YES, arrange for alternative work
2. Is the work likely to result in excessive tiredness or fatigue? YES/NO  
If YES, arrange for alternative work
3. Is access to good hygiene facilities restricted or difficult? YES/NO  
If YES, arrange for alternative work

### Section C – Biological Agents:

1. Does the job involve biological agents? YES/NO  
If YES, refer to COSHH assessment regarding implementation of control measures. Seek advice from Health and Safety Coordinator if, COSHH assessment not available

### Section D – Chemical Agents:-

1. Does the job involve working with substances labelled with risk phrases **R40, R45, R46, R49, R61, R63, R64 and R68 ?** YES/NO  
If YES, refer to COSHH assessment for employing control measures.
2. Does the job involve working with substances, preparations or processes listed in Annex 1 of EC Directive, Control of Carcinogenic Substances? YES/NO  
If YES, refer to COSHH assessment for employment of control measures. Seek advice from Safety Officer if, COSHH assessment not available.
3. Does the individual work with mercury, mercury derivatives or antimitotic (cytotoxic) drugs? YES/NO  
If YES, refer to COSHH assessment for employment of control measures. Seek advice from Safety Officer if, COSHH not available
4. Can the individual come into contact with agents marked 'SK' according to guidance book EH40. This may also include some pesticides YES/NO  
If YES, refer to COSHH assessment for employment of control measures. Seek advice from Safety Officer if, COSHH not available
5. Exposure to carbon monoxide? YES/NO  
If YES, remove individual from the source as carbon monoxide causes Oxygen starvation to the foetus
6. Does the activity involve exposure to lead? YES/NO  
If YES, seek advice from Safety Officer in accordance with the Lead at Work Regulations

### Section E - Specialist Medical Advice:

1. Has the individual received medical advice from their GP concerning work-related restrictions that should be taken into account during pregnancy? YES/NO  
If YES, record these with action taken.