

## Risk Assessment for Pregnant Employees

<b>Name:</b>	<b>Date of Birth:</b>	<b>Staff No.:</b>
<b>Job Title:</b>	<b>Location:</b>	
<b>Supervisor/ Head of Dept:</b>	<b>Date of assessment:</b>	
<b>Shift Pattern:</b>	<b>Due Date:</b>	
<b>Assessors Name:</b>	<b>Reassessment Date:</b>	

### Note for pregnant employee completing Risk Assessment:

The following is a list of hazards that may affect new and expectant mothers. The employee completing this form will review each item and indicate if any of these hazards are present in the work environment, providing details and submit same to the Health and Safety Officer to agree what corrective measures must be taken. If you have a specific problem with your work or environment, it should be indicated during the assessment. You will be asked to read the document and sign that you agree with the contents.

Please note that circumstances may change during your pregnancy that will alter this risk assessment. If this occurs, please contact your Health & Safety Officer and request a further risk assessment.

Section 1: The Working Environment	Hazard		Actions/Comments
Are there space constraints preventing good posture?	Yes	No	
Is it necessary to reach over or around obstacles?			
Are there: Steps			
Slopes			
Uneven surfaces			
Spillages			
Rubbish or clutter			
Trip hazards			
Machine hazards			
Is the working environment:			
Too hot			
Too cold			
Too humid			
Poorly lit			
Poor Visibility			
Poor hygiene			
Odorous			
Is protective clothing provided			
Are rest facilities available?			

Section 2 : Physical Agents	Hazard		Actions/Comments
<b>Movement and postures</b>	Yes	No	
Does the task involve periods in excess of 1 hour at a time standing or sitting?			
Are chairs provided?			
Are anti-fatigue mats available?			
Are work areas restrictive/confined?			
Is there work at heights?			
<b>Visual Display Units (VDU)</b>			

Does the task involve use of a VDU			
<b>If No, proceed to Shift Work</b>			
Has an ergonomic assessment been completed?			
Has the operator been educated in the safe use of VDU's?			
<b>Shift Work</b>			
Does the task involve Night work?			
Are the shift patterns regular?			
<b>Manual Handling</b>			
Does the task involve:			
Repetitive handling?			
Holding the load away from the trunk?			
Twisting/stooping or upward reaching?			
Is there slipping potential?			
If pushing or pulling, are hands above the shoulder or below the waist?			
Is the distance excessive?			
Does the load have to be handled up steps or slopes?			
Are mechanical aids used?			
Are there time restraints?			
Is the weight of the object:			
>5kgs in the seated position?			
>16kgs and handled in a working posture other than seated?			
Is the load:			
Bulky and awkward to grip?			
Slippery?			
Unevenly distributed?			
Difficult to grasp?			
Sharp with abrasive edges?			
Hot or cold?			
Likely to shift during handling?			

Section 3: Less Common Physical Agents	Hazard		Actions/Comments
	Yes	No	
Shock/Vibration or Movement			
Does the task involve regular exposure to shock/vibration?			
If No proceed to Ionising Radiation			
Sudden Blows?			
Excessive movement?			
Hammer or vibrating tools			
Ionising Radiation			
Is there exposure to potential source of Ionising radiation?			
If No, proceed to Non-ionising Radiation			
Is this in liquid/solid/dust state?			
Are dose limits monitored?			
Are they below statutory limits			
Is there a possibility of radioactive contamination?			
Non-Ionising Radiation			

Is there exposure to potential source of Non-ionising radiation?			
<b>If No, proceed to Noise</b>			
Is there exposure to electromagnetic fields and waves?			
Is there exposure to optical radiation?			
<b>Noise</b>			
Is there exposure to an excessively noisy environment?			
Does the noise level exceed 80 dB(A)?			
Is noise monitoring carried out?			

<b>Section 4: Biological Hazards</b>	<b>Hazard</b>		
Is there likely exposure to Biological Hazards?	<b>Yes</b>	<b>No</b>	
<b>If No, proceed to Section 5</b>			
Is this in the form of Virus?			
Is this in the form of Bacteria?			
Is this agent included in risk groups 2,3,4 of the Biological Agents Regulations?			
Is PPE required/provided?			
Is there possible exposure to Toxoplasma?			
Is there possible exposure to Rubella Virus?			
Is the pregnant employee immunised against these?			

<b>Section 5: Chemical Agents</b>	<b>Hazard</b>		
Does the task involve regular exposure to chemicals?	<b>Yes</b>	<b>No</b>	
<b>If No, proceed to section 6</b>			
Is there exposure to:			
Lead or lead derivatives?			
Carcinogens?			
Mercury/mercury derivatives?			
Antimicrobial drugs?			
Carbon Monoxide?			
Are any chemicals listed in the Chemical Agent Regulations?			
Is the MSDS available for each chemical?			
Are there substances labelled :			
R40: possible risk of irreversible effects			
R45: may cause cancer.			
R46: may cause genetic damage			
R61: may cause harm to the unborn child			
R63: possible risk of harm to the unborn child			
R63: possible risk of harm to the unborn child			
R64: may cause harm to breastfed babies			
Is PPE required/provided?			

Is PPE worn as required?			
Does the PPE meet with EU standards?			

Section 6: Employees Comments.	Yes	No	Comments
Are you satisfied with:			
Lighting levels?			
Working temperatures?			
Noise levels?			
Break/Rest periods?			
Rest Facilities?			
Job rotation?			
First Aid?			
Have you received information and training in your job?			
When did you last receive Manual Handling training?			
Is there a buddy system in place in your area?			
Any further comments or suggestions:			

Taking into account the factors identified during the assessment, is corrective action required?

YES ☐

NO ☐

The list attached identifies any corrective action necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Health and Safety Officer

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor/Head of Department/Function

## Corrective Action Required

Ref No.	Issue	Control Measures	Date	Person Responsible	Status