

Health risk assessment in pregnancy*

Name:

Job title:

Contact tel:

E mail:

Department:

Manager/Supervisor:

(this should be the same manager who will receive the paper copy of the risk assessment)

EDC (date baby is due):

Is manager aware of pregnancy?.....

How many weeks pregnant at the time of risk assessment?weeks

Are you planning to return to work within 6 months of having the baby? Yes/No

(note – further risk assessment is required for women who return to work within 6 months of the baby being born or if they return whilst still breast feeding)

Employee Signature:

(signing to confirm accuracy of information given)

Date:

Human Resources Officer Signature:

(Supervisor for students)

(signing to confirm completion of risk assessment)

Date:

Health and Safety Adviser /OH adviser Signature:

(signing to confirm risk assessment is satisfactory)

Date:

H&S office to e mail manager for confirmation that manager accepts responsibility for implementation of any control measures and for ongoing review.

Date confirmation received

* this risk assessment form should also be used to assess risks for those who have given birth in the last 6 months, or for nursing mothers

Does your job involve any of the following? Mark all that apply X = No / ✓ = Yes	Please give details (to be completed by individual, or by Human Resources in discussion with individual)	Control measures required (to be completed by Human Resources Officer - refer to H&S if unsure)
Work with chemicals (or lead e.g. plumbers)		
Work with micro-organisms or infectious materials		
Vibrating equipment		
Exposure to radiation		
Loud noise		
Work in confined areas		
Work on slippery or wet surfaces		
Exposure to strong or unpleasant smells		
Prolonged sitting or standing		
Repeated bending or stretching		
Lifting and carrying		
Working alone for long periods		
Shift work or night work		
Overtime		
Work in hot conditions		
Use of protective clothing or uniform		
Work without good access to toilet and rest facilities		
Extensive travelling		

Are there any other aspects of your job which you feel may cause risk for your or your baby?

Do you have any other particular concerns about your pregnancy which you would like us to be aware of?

Remember to let us know if the risk assessment needs to be reviewed e.g. if there are changes to your health or your job during your pregnancy! You should also let us know if you return to work within 6 months of the birth of your baby, or if you return to work whilst breastfeeding