

Risk Assessment - Pregnant Staff Member

A: EMPLOYEE DETAILS																									
Name:					Job Title:																				
Location where employee normally works:																									
Contact name and emergency contact number in the event of an emergency arising while the employee is at work → → →					Name:																				
					Contact No:																				
Date written advice of pregnancy received:					EWC:																				
B: WORK ENVIRONMENT & JOB DUTIES																									
ELEMENT / HAZARD	SCORE					ACTION TO BE TAKEN	COMPLETED																		
	1	2	3	4	5		Sign	Date																	
<i>SCORE RATING: 1 = Lowest Risk TO 5 = Highest Risk</i>																									
Strain / harm from lifting and other manual handling tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Standing on steps to reach high shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Accidentally hit or bumped into by persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Tripping / falling over objects on floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Job duties causing excessive fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Excessive workloads which may cause occupational stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Driving to and from service users' houses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Any other issues which may pose a problem (SPECIFY):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; padding: 5px;">Assessment undertaken by:</td> <td style="width: 20%; padding: 5px;">_____</td> <td style="width: 20%; padding: 5px;">_____</td> <td style="width: 30%; padding: 5px;">_____</td> </tr> <tr> <td></td> <td style="text-align: center; padding: 5px;">Name</td> <td style="text-align: center; padding: 5px;">Signature</td> <td style="text-align: center; padding: 5px;">Date</td> </tr> <tr> <td style="padding: 5px;">Pregnant Staff Member:</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td></td> <td style="text-align: center; padding: 5px;">Name</td> <td style="text-align: center; padding: 5px;">Signature</td> <td style="text-align: center; padding: 5px;">Date</td> </tr> </table>										Assessment undertaken by:	_____	_____	_____		Name	Signature	Date	Pregnant Staff Member:	_____	_____	_____		Name	Signature	Date
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