

ROYAL HOLLOWAY, UNIVERSITY OF LONDON

RISK ASSESSMENT CHECKLIST FOR NEW AND EXPECTANT MOTHERS

This checklist can be used to gather preliminary information about a new and expectant mothers work activities. This can then be used to assist managers with reviewing existing risk assessments for these work activities in order to establish whether risks to the new and expectant mother are being adequately controlled.

A completed copy must be kept on file in the Department.

Working Hours	Yes	No
Are they expected to work long hours/overtime?	<input type="checkbox"/>	<input type="checkbox"/>
Do they have some flexibility or choice over working hours?	<input type="checkbox"/>	<input type="checkbox"/>
Does the work involve very early starts or late finishes?	<input type="checkbox"/>	<input type="checkbox"/>
Is night work or shift work involved?	<input type="checkbox"/>	<input type="checkbox"/>
Do they have the ability to attend hospital and GP antenatal appointments?	<input type="checkbox"/>	<input type="checkbox"/>
Working Conditions	Yes	No
Is there somewhere quiet for the pregnant worker to rest?	<input type="checkbox"/>	<input type="checkbox"/>
Is there easy access to toilets with associated hygiene facilities?	<input type="checkbox"/>	<input type="checkbox"/>
Where possible, is there a clean, private area to be used by expectant or new mothers?	<input type="checkbox"/>	<input type="checkbox"/>
Where possible, is there somewhere safe and secure for them to store expressed milk?	<input type="checkbox"/>	<input type="checkbox"/>
Does the work present a potential risk of violence (both verbal and physical abuse)?	<input type="checkbox"/>	<input type="checkbox"/>
Will help and support be easily available if working alone or in an isolated work area?	<input type="checkbox"/>	<input type="checkbox"/>
Does their job involve work in confined spaces?	<input type="checkbox"/>	<input type="checkbox"/>
Has a lone/out of hours risk assessment been completed? (If so this may need reviewing)	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Stress	Yes	No
Are there tasks that are known to be potentially stressful (e.g. dealing with customer complaints or handling cash and valuables)?	<input type="checkbox"/>	<input type="checkbox"/>
Do existing risk assessments take into account any concerns the worker may have about her own pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>
Is the worker aware of what to do if she feels she is being bullied or victimised?	<input type="checkbox"/>	<input type="checkbox"/>

Extremes of Temperature	Yes	No
Does work involve exposure to temperatures that are uncomfortably cold or hot?	<input type="checkbox"/>	<input type="checkbox"/>
When the weather is hot, will it be possible to have more frequent rest breaks and early finish times?	<input type="checkbox"/>	<input type="checkbox"/>
Is there access to a supply of drinking water?	<input type="checkbox"/>	<input type="checkbox"/>
Work Equipment and Personal Protective Equipment (PPE)	Yes	No
Will essential protective clothing be provided in suitable sizes?	<input type="checkbox"/>	<input type="checkbox"/>
Will any obligatory uniforms be provided in maternity sizes?	<input type="checkbox"/>	<input type="checkbox"/>
Are the materials comfortable for pregnant workers to wear?	<input type="checkbox"/>	<input type="checkbox"/>
Manual Handling	Yes	No
Does the work involve strenuous lifting?	<input type="checkbox"/>	<input type="checkbox"/>
Does the work involve the lifting of objects that are difficult or awkward to hold?	<input type="checkbox"/>	<input type="checkbox"/>
Does the work involve awkward lifting (e.g. twisting, stooping or stretching)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the work involve repetitive work or body movement?	<input type="checkbox"/>	<input type="checkbox"/>
Are manual handling risk assessments in place? (If so they may need reviewing)	<input type="checkbox"/>	<input type="checkbox"/>
Shocks, Jolts or Vibrations	Yes	No
Do any of the work tasks involve whole body vibration (e.g. driving forklift trucks)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the work present any danger from falling objects?	<input type="checkbox"/>	<input type="checkbox"/>
Does the work involve driving or riding in off-road vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
Noise	Yes	No
Are any of the work tasks carried out in areas where noise is at or above the limits set out in the Noise at Work Regulations 2005?	<input type="checkbox"/>	<input type="checkbox"/>
Have noise assessments/risk assessments been completed where noise exposure occurs? (If so they may need reviewing)	<input type="checkbox"/>	<input type="checkbox"/>
Biological Infections	Yes	No
Does the work present any risks from contact with bacteria and viruses (e.g. raw meat, fish or other foodstuffs such as un-pasteurised milk and dairy products or work in a laboratory handling biological agents)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the workplace present any risks from infested storage or dirty toilets?	<input type="checkbox"/>	<input type="checkbox"/>
Does the work present any danger from Hepatitis B, HIV (the Aids virus), Herpes, TB, Syphilis, Chicken Pox, Rubella, Toxoplasmosis or any other animal viruses?	<input type="checkbox"/>	<input type="checkbox"/>

Have COSHH assessments been completed? (If so they may need reviewing)	<input type="checkbox"/>	<input type="checkbox"/>
Chemicals	Yes	No
Are there any chemicals used in the work that are known to be a risk? (check Material Safety Data Sheets for information on risks to mother and neonate).	<input type="checkbox"/>	<input type="checkbox"/>
Does the work involve handling any chemical products such as cleaning up spillages, residues or contaminated surfaces?	<input type="checkbox"/>	<input type="checkbox"/>
Does the work involve exposure to fumes?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any substances in use that could have adverse affects on the unborn child? (check Material Safety Data Sheets for information)	<input type="checkbox"/>	<input type="checkbox"/>
Is there any exposure to lead or lead derivatives?	<input type="checkbox"/>	<input type="checkbox"/>
Have COSHH assessments been completed? (If so they may need reviewing)	<input type="checkbox"/>	<input type="checkbox"/>
Ionising and Non-Ionising Radiation	Yes	No
Does the work involve coming into contact with ionising or non-ionising radiation?	<input type="checkbox"/>	<input type="checkbox"/>
Have risk assessments been completed for all work involving ionising and non-ionising radiation? (If so they may need reviewing)	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments:		
Identify here any additional issues identified during the assessment, and any further action required		

Risk Assessment Checklist completed by:

Name Date

In the presence of:

Name (New and Expectant Mother)

Matt Purcell
Deputy Health & Safety Adviser
29th May 2008