**PREGNANCY RISK ASSESSMENT FORM**

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| **Name:** | **Job title:** |
| **Expected** **date of childbirth:** | **Date of risk assessment:** |
| **Name of person carrying** **out risk assessment:** | **Review date:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Risks to new and expectant mothers** | **Risks identified –** **who could be at risk and how** | **Precautions already taken to reduce those risks** | **Further action necessary** |
| Physical hazards:* awkward spaces and workstations
* vibration
* noise
* radiation
 |  |  |  |
| Chemical hazards:* handling chemicals such as drugs, pesticides or lead
 |  |  |  |
| Biological agents:* infections
 |  |  |  |
| Working conditions:* inadequate facilities (including inadequate rest rooms)
* excessive working hours (including night work)
* unusually stressful work
* exposure to cigarette smoke
* high or low temperatures
* lone working
* working at heights
* travelling
* exposure to violence
 |  |  |  |
| Any other hazards: |  |  |  |
| Details of any advice provided by the employee’s GP or midwife: |  |
| **Data protection**The Company treats personal data collected during risk assessments in accordance with its data protection policy. Information about how data is used and the basis for processing the data is provided in the Company’s employee privacy policy. |
| **Employee’s signature:** |  |
| **Date:** |  |
| **Signature of person carrying out risk assessment:** |  |
| **Date:** |  |