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|  | **Pregnancy - New and Expectant Employee’s Assessment.** |  |

| **Assessment Checklist** | **Yes, No, N/A** | **Recommended Actions and Comments** | | **By whom** | **Date completed** |
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| Is the temperature at a comfortable level? | Choose an item. |  | |  | Click or tap to enter a date. |
| Is the employee likely to be exposed to smells which could cause nausea? | Choose an item. |  | |  | Click or tap to enter a date. |
| Has the employee completed a display screen assessment form since they reported their pregnancy?   * Have the necessary actions been dealt with? * Is there sufficient room as the pregnancy develops? | Choose an item. |  | |  | Click or tap to enter a date. |
| Are traffic routes kept clear of obstacles, which could result in a slip, trip and fall hazard? | Choose an item. |  | |  | Click or tap to enter a date. |
| Is there a possibility that floors & surfaces could become slippery when wet? | Choose an item. |  | |  | Click or tap to enter a date. |
| Is there a need to access areas with limited space i.e., storerooms, lofts etc. | Choose an item. |  | |  | Click or tap to enter a date. |
| Does the employee have easy access to sanitary facilities? | Choose an item. |  | |  | Click or tap to enter a date. |
| Is the employee able to take toilet breaks when necessary? | Choose an item. |  | |  | Click or tap to enter a date. |
| Is the employee able to take comfort breaks when needed? | Choose an item. |  | |  | Click or tap to enter a date. |
| Is there somewhere the employee can either sit or lie down comfortably in private without disturbance, at appropriate intervals? | Choose an item. |  | |  | Click or tap to enter a date. |
| If required, is there access to appropriate facilities for breastfeeding or to express and safely store breast milk? | Choose an item. |  | |  | Click or tap to enter a date. |
| Does the work involve meeting challenging deadlines or require a high degree of concentration? | Choose an item. |  | |  | Click or tap to enter a date. |
| Are there rapidly changing priorities and demands? | Choose an item. |  | |  | Click or tap to enter a date. |
| Does the work require working unpredictable work hours? | Choose an item. |  | |  | Click or tap to enter a date. |
| Does the employee work alone or in remote locations? | Choose an item. |  | |  | Click or tap to enter a date. |
| Does the employee have to deal with emergency situations? | Choose an item. |  | |  | Click or tap to enter a date. |
| Does the employee undertake manual handling in their work? | Choose an item. |  | |  | Click or tap to enter a date. |
| Is the employee at risk from standing or sitting for long periods? | Choose an item. |  | |  | Click or tap to enter a date. |
| Has the work been reorganised to reduce or eliminate the risk significantly where possible e.g., variety of tasks increased to enable some mobility? | Choose an item. |  | |  | Click or tap to enter a date. |
| Is the employee at risk from violence at work? | Choose an item. |  | |  | Click or tap to enter a date. |
| Has the work been reorganised to eliminate the risk, if possible, e.g., temporary transfer to alternative work? | Choose an item. |  | |  | Click or tap to enter a date. |
| Is the employee expected to drive for long periods and are there any increased risks in the course of their work? | Choose an item. |  | |  | Click or tap to enter a date. |
| Is the employee is likely to encounter any biological, chemical or radioactive agents. Has an assessment been undertaken of the nature of the agent, considering how infection is spread, how likely contact is and what control measures there are? | Choose an item. |  | |  | Click or tap to enter a date. |
| Is the employee required to undertake any work at height? Have suitable control measures been considered? | Choose an item. |  | |  | Click or tap to enter a date. |
| Has the employee provided a certificate from their medical practitioner preventing them from working night shifts?  If the risks from night work cannot be significantly reduced or eliminated, can you provide suitable daytime work for the employee. | Choose an item. |  | |  | Click or tap to enter a date. |
| If worked, has suitability of shift work, overtime and long hours been assessed for the employee? | Choose an item. |  | |  | Click or tap to enter a date. |
| Has the assessment identified any increased risks arising from this work for the employee? | Choose an item. |  | |  | Click or tap to enter a date. |
| Can the work be reorganised to reduce or significantly eliminate the risk e.g., by the reduction of hours or introduction of regular shifts? | Choose an item. |  | |  | Click or tap to enter a date. |
| Has a re-assessment of the evacuation time of the premises been assessed for the employee? | Choose an item. |  | |  | Click or tap to enter a date. |
| Has another individual been assigned responsibility for assisting the employee to evacuate the building safely in an emergency? | Choose an item. |  | |  | Click or tap to enter a date. |
| Are the working arrangements for the employee subject to regular supervision, monitoring and review, particular as the pregnancy progresses and identified risks may increase? | Choose an item. |  | |  | Click or tap to enter a date. |
| Are the arrangements for employee’s returning to work subject to regular supervision, monitoring and review for the six months following the birth? | Choose an item. |  | |  | Click or tap to enter a date. |
| Are there adequate records kept of the risk assessments, monitoring and review systems relevant to new and expectant employee? | Choose an item. |  | |  | Click or tap to enter a date. |
| Is it possible to implement sufficient controls, which will significantly reduce risks identified as part of this assessment? | Choose an item. |  | |  | Click or tap to enter a date. |
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| **Employees Name:** |  | | **Employees Signature:** |  | |
| **Date of Assessment:** | Click or tap to enter a date. | | **Date of next Review:** | Click or tap to enter a date. | |