

Pregnancy at work risk assessment template

Name: Contact number:

Job role: Department/location:

Expected date of delivery (expectant mothers only): Actual date of birth (new mothers only):

Manager completing assessment: Initial assessment date:

Significant hazard:	Perceived nature of risk:	Generic control measures:	Residual risk (low/medium/high):	Additional control measures:	Manager's comments:
Display screen equipment					
Slips, trips and falls					
Lifting and carrying loads					
Welfare					
Fatigue					

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Significant hazard:	Perceived nature of risk:	Generic control measures:	Residual risk (low/medium/high):	Additional control measures:	Manager's comments:
Work related stress					
Temperature/humidity					
Out of hours working					
Personal safety					
Access/egress					
Working at height					
Travel health					
Biological or chemical					

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Action to be taken:	Person responsible:	Target completion date:

	Date:	Employee signature:	Manager signature:
Initial risk assessment completed			
Next assessment			