**New and Expectant Mother Risk Assessment\***

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| **ESTABLISHMENT: ROOM / AREA:** | **ACTIVITY/SITUATION:** | **NAME:**  |

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| --- | --- | --- |
| **HAZARDS IDENTIFIED** | **POPULATION WHICH MAY BE AFFECTED** | **POPULATION PARTICULARLY AT RISK** |
|  | EMP | C/S | CON | V/P | CRN | YPS | NEM | DIS |
| a) | Mental & physical fatigue: postural problems: stress |  |  |  |  |  |  |  |  |
| b) | Standing/Sitting Activities: Welfare: Biological agents: |  |  |  |  |  |  |  |  |
| c) | Physical agents: Noise: Driving: Chemical agents: |  |  |  |  |  |  |  |  |
| d) | Working conditions: Manual handling: |  |  |  |  |  |  |  |  |
| e) | Movement & Posture: Work equipment & PPE |  |  |  |  |  |  |  |  |
| EMP=Employee, C/S = Client / Student, CON = Contractor, V/P = Visitor / Public,CRN = Children, YPS = Young Persons, NEM = New & Expectant Mothers, DIS = Disabled |

|  |  |
| --- | --- |
|  | **EXISTING CONTROL MEASURES** (e.g. procedures, supervision, training, safety signs and information, PPE etc.) |
| a) |  |
| b) |  |
| c) |  |
| d) |  |
| e) |  |

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|  | **POTENTIAL SEVERITY**  | **LIKELIHOOD**(Taking existing control measures into consideration) | **RISK RATING**(Sev. x L'hd) | **ADDITIONAL CONTROL MEASURES TO BE IMPLEMENTED** (if required) |
|  | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |  |  |
| a) |  |  |  |  |  |  |  |  |  |  |
| b) |  |  |  |  |  |  |  |  |  |  |
| c) |  |  |  |  |  |  |  |  |  |  |
| d) |  |  |  |  |  |  |  |  |  |  |
| e) |  |  |  |  |  |  |  |  |  |  |
| COMPLETED BY: | Name:  | Signature: | Date:  |
| SEVERITY: 1=Trivial, 2=Minor Injury, 3= Serious injury 4= Major Injury or Death LIKELIHOOD: 1=Remote, 2=Possible, 3=Probable, 4=Likely |

**RE ASSESSMENT (Following implementation of control measures) OR REVIEW**

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|  | **POTENTIAL SEVERITY ()** | **LIKELIHOOD ()**(Taking existing control measures into consideration) | **RISK RATING**(Sev. x L'hd) | **ADDITIONAL CONTROL MEASURES TO BE IMPLEMENTED** (if required) |
|  | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |  |  |
| a) |  |  |  |  |  |  |  |  |  |  |
| b) |  |  |  |  |  |  |  |  |  |  |
| c) |  |  |  |  |  |  |  |  |  |  |
| d) |  |  |  |  |  |  |  |  |  |  |
| e) |  |  |  |  |  |  |  |  |  |  |
| **COMPLETED BY:** | Name: | Signature: | Date: |
| SEVERITY: 1=Trivial, 2=Minor Injury, 3= Serious injury 4= Major Injury or Death LIKELIHOOD: 1=Remote, 2=Possible, 3=Probable, 4=Likely |

\*Please note, this assessment should be completed in conjunction with reading the Corporate Guidance on New and Expectant Mother Risk Assessment on the [Health and Safety webpage.](https://lbmerton.sharepoint.com/sites/I_T/SS/HS_A/Forms/AllItems.aspx?rootFolder=%2Fsites%2FI%5FT%2FSS%2FHS%5FA%2FAdvice%20Guidance%20for%20staff%2FCorporate%20H%5FS%20Forms%2C%20Checklists%20%5F%20Compliance%20Tables&ExplorerWindowUrl=%2Fsites%2FI%5FT%2FSS%2FHS%5FA%2FAdvice%20Guidance%20for%20staff%2FCorporate%20H%5FS%20Forms%2C%20Checklists%20%5F%20Compliance%20Tables)