

S  
A  
M  
P  
LE

<<C		RA Ref No:	
New or Expectant Mother		Assessment Form	

Assessor	Job	Initial Assessment Date	Trimester Review Dates	

Name of new or expectant mother		Expected confinement date/ date of birth /date of return to work	Mother's job/role	
---------------------------------	--	--	-------------------	--

Hz No.	Manual handling -Are any loads	Details	Existing controls	Further controls / action
M1	Heavy			
M2	Bulky or unwieldy			
M3	Difficult to grasp/hold			
M4	Unstable/unpredictable			
M5	Harmful – hot/sharp			
M6	Is bending/twisting/stooping or stretching required			
M7	Is there repetitive handling, is handling driven by a process ie conveyor belt			
M8	Is there sufficient time to rest between cycles			

