## **New or Expectar Assessor Expected confinement** Name of new or expectant mother date/ date of birth /date of return to work Hz Manual handling -Are any loads Details No. Heavy M1 Bulky or unwieldy M2 Difficult to grasp/hold МЗ Unstable/unpredictable M4 Harmful - hot/sharp M5 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

RA Ref No: nt Form

Initial Assessment Date	Trimester Review Dates
Mother's job/role	

**Existing controls** Further controls / action

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Hz No.	Working environment	Details
M9	Are there extremes of temperature or hot/cold/humid conditions	
M10	Are there any smells/odours	
M11	Are there any chemicals or hazardous particularly tetrogenic substances	
M12	Is the work area ie desk/bench suitable – can it be altered if needed	
M13	Constraints on posture – ie room to stand, stretch or move about	
M14	Is there a rest area away from the work bench/desk	

Hz No.	Sundries	Details
M15	Do the normal work hours include shift work – days/evenings/nights/split shifts	
M16	Morning sickness	
M17	Loss of balance	
M18		
M19		
M20		

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Existing controls	Further controls / action
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