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<<C		RA Ref No:	
New or Expectant		nt 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	
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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			

# SAMPLE

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	

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