

# S A M P L E

Risk assessment form for expectant mothers travelling

RA Ref No:

Assessor: \_\_\_\_\_ Job: \_\_\_\_\_

Initial Assessment Date: \_\_\_\_\_ Trimester Review Dates: \_\_\_\_\_

Name of expectant mother: \_\_\_\_\_ Expected confinement date: \_\_\_\_\_

Expectant mother's job/role: \_\_\_\_\_

Details of advice from GP/midwife/Occupational Health

Hz No.	Details
M1	Fatigue
M2	Vibrations (e.g. when driving)
M3	Stress factors
M4	Risks from static posture while travelling
M5	
M6	
M7	

Existing controls	Further controls / action

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Hz No.	Working environment	Details
M8		
M9		
M10		
M11		
M12		

Existing controls	Further controls / action

Hz No.	Sundries	Details
M13	Do the normal work hours include shift work? – days/evenings/nights/split shifts	
M14	Morning sickness	
M15		
M16		
M17		
M18		

Existing controls	Further controls / action

**Data Protection**

<<Company name>> treats personal data collected during risk assessment processing data is provided in the Company's employee privacy notice.

protection policy. Information about how data is used and the basis for