

# S A M P

<<C  
New or Expectant

nt Form RA Ref No:

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
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	

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	

Existing controls	Further controls / action

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		

Existing controls	Further controls / action