

**Risk Assessment form for Expectant and Nursing Mothers**

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| --- | --- |
| **Organisation name:** |   |
| **Name and role title of individual:** |   |
| **Date of childbirth/expected date of childbirth:** |   |
| **Date of risk assessment:** |   |
| **Name and role title of person carrying out risk assessment:** |   |
| **Review date:** |   |

Details of any specific concerns raised by the expectant mother at the beginning of the meeting:

|  |  |  |  |
| --- | --- | --- | --- |
| **Risks to new and expectant mothers** | **Risks identified - who could be at risk and how** | **Precautions already taken to reduce those risks** | **Further action necessary (including dates when action will be taken and name of person/people responsible for taking action)** |
| Physical hazards: * awkward spaces and work areas
* vibration/noise
 |   |   |   |
| Exposure to chemical hazards: * handling chemicals or exposure to chemical fumes
 |   |   |   |
| Exposure to biological hazards: * infectious diseases
* animal contact
* allergies
* dirty or unsanitary environments when visiting others
 |   |   |   |
| Working conditions: * inadequate facilities (including inadequate space for rest or lack of private space for breast feeding)
* excessive working hours (including night work)
* unusually stressful work
* exposure to cigarette smoke
* high or low temperatures
* lone working
* working at heights
* travelling
* exposure to violence
 |   |   |   |
| Any other hazard:   |   |   |   |
| Details of any advice provided by the individual's GP or midwife:   |   |
| **Individual's signature:** |   |
| **Date:** |   |
| **Signature of person carrying out risk assessment:** |   |
| **Date:** |   |

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