 **Employee Maternity Risk Assessment**

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| **Maternity risk assessment** | Name:  Due date: w/c.  By:  Date: |
| **Movement and manual handling** |  |
| Does she have to sit for periods of more than 2-3 hours? |  |
| Can the equipment and workstation be adjusted to fit the worker? |  |
| Are there space restrictions? |  |
| Does the job involve twisting, stooping or stretching to lift objects? |  |
| Does the job involve rapid repetitive lifting (even of lighter objects)? |  |
| Does the job involve some lifting of objects which are difficult to grasp or are awkward to hold? |  |
| **Working conditions** |  |
| Are there extremes of hot or cold? |  |
| Are there any hazardous substances? |  |
| **Working time** |  |
| Is she expected to work long hours/overtime? |  |
| Does she have some flexibility or choice over her working hours? |  |
| Does the work involve very early starts or late finishes or night work? |  |
| Does the job involve working on her own? |  |
| **Welfare issues** |  |
| Is there somewhere quiet for pregnant workers to rest? |  |
| Is there a clean, private area for breast-feeding mothers to express breast milk? |  |
| Is there somewhere safe for her to store expressed milk? |  |
| **Work-related stress** |  |
| Are colleagues and supervisors supportive towards the pregnant worker? |  |
| Is she exposed to stressful situations? |  |
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| Are there any other problems at the time of the assessment? |  |