

**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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