

Appendix 2a: Risk Assessment for Pregnant Women

Name: Job Title: Department:

Assessed by: Date.....

Hazard	Risk Present	Action required to reduce or eliminate risk	Action Taken
Posture – Standing or Sitting	Yes / No	Yes / No	
Mental or Physical Fatigue	Yes / No	Yes / No	
Workstation/VDU	Yes / No	Yes / No	
Manual Handling	Yes / No	Yes / No	
Noise	Yes / No	Yes / No	

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/201
Revision No: 4	Next Review Date: 01/06/2016	Title: Pregnancy Risk Assessment
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Hazard	Risk Present	Action required to reduce or eliminate risk	Action Taken
Extremes of Cold or Heat	Yes / No	Yes / No	
Driving during working hours	Yes / No	Yes / No	
Violence or Aggression	Yes / No	Yes / No	
Ionising Radiation	Yes / No	Yes / No	
Ventilation	Yes / No	Yes / No	

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Hazard	Risk Present	Action required to reduce or eliminate risk	Action Taken
Stress	Yes / No	Yes / No	
Shift Work	Yes / No	Yes / No	
Handling Chemicals	Yes / No	Yes / No	
Infections	Yes / No	Yes / No	

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Risk Assessment for New and Breast Feeding Women

Name: Job Title: Department:

Assessed by: Date.....

Other Areas to Consider	Risk Present	Action required to resolve problem	Action Taken
Breastfeeding	Yes / No	Yes / No	
Storage Facilities	Yes / No	Yes / No	
Rest Facilities	Yes / No	Yes / No	
Physical Health	Yes / No	Yes / No	

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Advice from Occupational Health or Risk Management Department:.....

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Outcome of Assessment:.....

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Signed:..... **Designation:**..... **Review Date:**

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