



**Risk Assessment KTS.RA.012**

**Work Involving New and Expectant Mothers**

Name	Department	Usual Workstation	Date

**Hazard: Manual Handling Risks**

1. Undertake lifting operations that present a risk of injury?
2. Can lifting be avoided? If not what 'Control Measures' are required?

<b>Risk Rating:</b> (Please tick)	<b>High</b>	<b>Medium</b>	<b>Low</b>
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**Control Measures:**  
**HoC:**

**Hazard: Display Screen and Work Station**

1. Has a DSE Risk assessment been completed by the named employee and reviewed?
2. Is their adequate space around the employee's workstation?
3. Can the employee take frequent breaks away from the workstation?

<b>Risk Rating:</b> (Please tick)	<b>High</b>	<b>Medium</b>	<b>Low</b>
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**Control Measures:**  
**HoC:**

**Hazard: Continuous sitting / standing**

1. Can standing or sitting for long periods be avoided?
2. Can work tasks be adapted to allow frequent alternate periods of standing / sitting?

<b>Risk Rating:</b> (Please tick)	<b>High</b>	<b>Medium</b>	<b>Low</b>
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**Control Measures:**  
**HoC:**

**Hazard: Lone / Out of Hours (LOOH) Working**

1. Can lone working be avoided?
2. Can working hours be modified to eliminate lone working?
3. If lone working cannot be avoided, has a specific risk assessment been carried out and reviewed with the employee?

<b>Risk Rating:</b> (Please tick)	<b>High</b>	<b>Medium</b>	<b>Low</b>
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**Control Measures:**  
**HoC:**

**Hazard: Working with Hazardous Substances.**

1. Has the Company completed COSHH Assessments for all substances stored / used on site?
2. Has the employee been removed from those activities that could expose them to hazardous substances?

<b>Risk Rating:</b> (Please tick)	<b>High</b>	<b>Medium</b>	<b>Low</b>
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**Control Measures:**

**HoC:**

**Hazard: Discomfort / Stress / Fatigue**

1. Can the exposure to smells or odours that could increase 'morning sickness' been minimised where practical?
2. Have more frequent rest breaks been implemented?
3. Are environment conditions (lighting, temperature, ventilation) suitable?
4. Has consideration been given to emergency evacuation?
5. Can hours of work be modified to prevent stress or fatigue?
6. Have adequate maternity cover arrangements been considered?

<b>Risk Rating:</b> (Please tick)	<b>High</b>	<b>Medium</b>	<b>Low</b>
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**Control Measures:**

**HoC:**