|  |  |  |
| --- | --- | --- |
| **SECTION 1**Line managers should complete this checklist with the member of staff who is pregnant as soon as possible. This should then be reviewed regularly as the pregnancy continues.Section 2 needs to be completed where a response to a question in section 1 is within a blue box | **YES** | **NO** |
| **1 – Physical job demands** |  |  |
| Does the work involve lifting or pushing heavy objects? |  |  |
| Does the work involve standing or squatting for long periods? |  |  |
| Does the role involve a lot of walking? |  |  |
| Does the role involve working at heights or climbing steep steps? |  |  |
| Does the employee need to access areas with limited space? |  |  |
| Will any tasks become more hazardous as the employee changes size and shape? |  |  |
| Does the role involve shift work? |  |  |
| If so, does it involve working at night? |  |  |
|  |  |  |
| **2 – Mental job demands** |  |  |
| Does the job involve meeting challenging deadlines? |  |  |
| Does the role involve rapidly changing priorities and demands? |  |  |
| Does the role require a high degree of concentration? |  |  |
|  |  |  |
| **3 – Working conditions – general** |  |  |
| Does the job involve lone working or working in remote locations? |  |  |
| Does the role involve any home working? |  |  |
| Are toilet facilities easily accessible to the pregnant worker? |  |  |
| Is the worker able to take toilet breaks when necessary? |  |  |
| Can the worker take rest breaks when needed? |  |  |
| Can the worker control the pace of her work? |  |  |
|  |  . . |
| *3 –* ***Working conditions – general – continued.*** | **YES** | **NO** |
| Are there any risks of violence at work? |  |  |
| Does any part of the job involve dealing with members of the public? |  |  |
| If so, does it involve dealing with distressed or disturbed people? |  |  |
| Does the role involve:  |  |  |
| (a) Contact with young children or sick people? |  |  |
| (b) Unpredictable working hours? |  |  |
| (c) Dealing with emergencies? |  |  |
| Are there any obstacles in corridors or offices that could cause problems for pregnant women e.g. in the event of a fire evacuation? |  |  |
| Is the temperature in her working environment reasonable? |  |  |
| Does the worker have an adjustable seat with a backrest? |  |  |
|  |  |  |
| **4 – Specific hazards** |  |  |
| Does any part of the job involve the use of chemicals? |  |  |
| Is there any exposure to vibration e.g. through the use of hand tools? |  |  |
| Does the employee need to wear personal protective clothing? |  |  |

**Section 2**

In this section you need to say how you are managing or controlling any hazards identified in section 1. Where a response to a question in section 1 resulted in a tick in a shaded box then you must say in this section how you and the member of staff will manage that hazard.

|  |  |
| --- | --- |
| **Hazard Identified** | **Control Measures** |
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**Section 3**

Please add any additional information that has not been covered in the previous section which may be relevant *eg health concerns, aches/pains experienced etc*

**Review date** …………………………………

**This document has been completed to the best of my knowledge**

Staff member signature ………………………………………… Date …………………

Manager’s signature ………………………………………….… Date ……………………