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| --- | --- | --- |
| **Faculty / Department**: | **Assessor/s**: | **Date**: |
| **New or expectant mother**: | **Job Title**: |
| **Has MATB1 been provided to HR (staff only)? Yes/No** | **Estimated expectancy date** |  |
| **Any advice offered from GP/Midwife?** |
| This checklist identifies the main work-related factors that may adversely affect new or expectant mothers, and should be used as an aid to review any existing risk assessments relevant to the person concerned, and to note measures to be taken to reduce risks to an acceptable level. The person concerned and her manager / supervisor to be involved in this assessment, with input from the Health and Safety Co-ordinator as appropriate.**Risk Score** key: **0** = negligible risk / not applicable; **1** = risk unlikely; **2** = risk probable; **3** = risk very likely; **4** = risk certain |

| **Hazard** | **Risk Consequence** | **Control measures**  | **Risk Score** | **Actions to be taken**(required if risk score is 2 or greater) |
| --- | --- | --- | --- | --- |
| **PHYSICAL RISKS**  |
|  |  |  |  |  |
|  |  |  |  |  |
| **BIOLOGICAL AGENTS - infectious diseases** |
|  |  |  |  |  |
| **CHEMICAL AGENTS** |
|  |  |  |  |  |
| **WORKING CONDITIONS** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Next review date:  |

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| --- |
| **First review (second trimester)** |
| **Date:** | **Assessor/s:** |
| **Any changes to the initial risk assessment?** |
| **Second review (third trimester)** |
| **Date:** | **Assessor/s:** |
| **Any changes to the initial risk assessment?** |
| **Final review (return to work following maternity)** |
| **Date:** | **Assessor/s:** |
| **Are there any changes to control measures from the last review?** |