



New/expectant mothers at work risk assessment (additional information)

This form should be completed for each staff member who is pregnant or is a nursing mother

Name	Hours of Work Occupation							
Work Location Pregnant/Nursing mother (please delete as applicable)								
Existing Workplace Hazards	yes	no	Controls in place to minimise risk	Remaining risk to employee			Recommendations or action taken	
			Please state	High	Med	Low		
Physical								

Biological	
Chemical	
Ergonomic	
Psychosocial	

Please add any other occupational hazard that is relevant	t to your staff		
Assessor Name	Date	Review Date	