

Pregnancy Health & Safety Checklist

1. Physical Job Demands

	<u>Yes</u>	<u>No</u>
Does the work involve lifting or pushing heavy objects?	<input type="checkbox"/>	<input type="checkbox"/>
Does the work involve standing or squatting for long periods?	<input type="checkbox"/>	<input type="checkbox"/>
Does the role involve a lot of walking?	<input type="checkbox"/>	<input type="checkbox"/>
Does the work involve working at height or climbing steep steps?	<input type="checkbox"/>	<input type="checkbox"/>
Does the employee need to access areas with limited space?	<input type="checkbox"/>	<input type="checkbox"/>
Will any tasks become more hazardous as the employee changes shape and size?	<input type="checkbox"/>	<input type="checkbox"/>
Does the role involve shift work?	<input type="checkbox"/>	<input type="checkbox"/>
If so, does it involve working at night?	<input type="checkbox"/>	<input type="checkbox"/>

2. Mental Job Demands

	<u>Yes</u>	<u>No</u>
Does the job involve meeting challenging deadlines?	<input type="checkbox"/>	<input type="checkbox"/>
Does the role involve rapidly changing priorities and demands?	<input type="checkbox"/>	<input type="checkbox"/>
Does the role require a high degree of concentration?	<input type="checkbox"/>	<input type="checkbox"/>

3. Working Conditions - General

	<u>Yes</u>	<u>No</u>
Does the work involve lone working or working in remote locations?	<input type="checkbox"/>	<input type="checkbox"/>
Does the role involve any home working?	<input type="checkbox"/>	<input type="checkbox"/>
Are toilet facilities easily accessible to a pregnant worker?	<input type="checkbox"/>	<input type="checkbox"/>
Is the worker able to take toilet breaks when necessary?	<input type="checkbox"/>	<input type="checkbox"/>
Can the worker take rest breaks when needed?	<input type="checkbox"/>	<input type="checkbox"/>
Can the worker control the pace of her work?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any risks of violence at work?	<input type="checkbox"/>	<input type="checkbox"/>
Does any part of the job involve dealing with members of the public?	<input type="checkbox"/>	<input type="checkbox"/>
If so, does it involve dealing with distressed or disturbed people?	<input type="checkbox"/>	<input type="checkbox"/>
Does the role involve:	<input type="checkbox"/>	<input type="checkbox"/>
• Contact with young children or sick people?	<input type="checkbox"/>	<input type="checkbox"/>
• Unpredictable working hours?	<input type="checkbox"/>	<input type="checkbox"/>
• Dealing with emergencies?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any obstacles in corridors or offices that could cause problems for pregnant women e.g. in the event of a fire evacuation?	<input type="checkbox"/>	<input type="checkbox"/>
Is the workplace non-smoking?	<input type="checkbox"/>	<input type="checkbox"/>
If not, is the worker separated from any designated smoking area?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other form of indoor air pollution?	<input type="checkbox"/>	<input type="checkbox"/>
Is the temperature in her working environment reasonable?	<input type="checkbox"/>	<input type="checkbox"/>
Is there enough room for the worker to get in and out of her workstation?	<input type="checkbox"/>	<input type="checkbox"/>
Will there be enough room as the pregnancy develops?	<input type="checkbox"/>	<input type="checkbox"/>
Does the worker have an adjustable seat, with a backrest?	<input type="checkbox"/>	<input type="checkbox"/>

4. Specific Hazards

	<u>Yes</u>	<u>No</u>
Does any part of the job involve the use of chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
If so, are there any risks to the employee whilst she is pregnant or a nursing mother?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any exposure to vibration, e.g. through the use of handtools?	<input type="checkbox"/>	<input type="checkbox"/>
Does the employee need to wear personal protective clothing?	<input type="checkbox"/>	<input type="checkbox"/>
If so, will this present a problem as the pregnancy develops?	<input type="checkbox"/>	<input type="checkbox"/>

Detail Any Action Needed to Maintain Safety:

This checklist has been completed to the best of our knowledge by:

Pregnant Employee:

Name: Signature: Date:

Manager/Supervisor:

Name: Signature: Date:

HR/Health & Safety Rep:

Name: Signature: Date:

