



THE UNIVERSITY OF THE WEST INDIES

ST. AUGUSTINE, TRINIDAD & TOBAGO, WEST INDIES

Occupational Health, Safety and the Environment Unit

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Pregnancy Risk Assessment Form

Section 1		
Name of New / Expectant Mother:		
Due Date:		
Department:	Location:	
Job Title:	Supervisor:	
Date of Initial Assessment:	Date of Reassessment:	
Name of Assessor		
For the purpose of this risk assessment, a new or expectant mother is defined as a woman who is pregnant, or has given birth within the last six months, including still births after 24 weeks or who is breastfeeding.		
To be completed by the Supervisor in consultation with the Employee		
	Yes	No
Does the employee wish to declare any medical condition which will predispose her to greater than normal vulnerability? E.g. previous miscarriage		

Does the current work present significant risk to a pregnant employee?			
Will there be a significant or different risk at a later stage of the pregnancy? If yes, the risk assessment will need to be revised at that stage.			
If yes, When?	Dates		
Please indicate which of the Hazards listed below are present in the employee's workplace and normal work activities (employee must be involved in completing this checklist)			
Physical Agents		Yes	No
Could her workload:	Cause Occupational stress		
	Cause mental or physical fatigue		
Does her work involve:	Jolts, shocks, low frequency vibration or excessive movement?		
	Traversing slippery or wet surfaces (tripping /falling hazard)		
	Stairs, uneven surfaces, working at heights?		
	Extremes of heat, cold or humidity?		
	Working alone?		
	Long periods of sitting or standing?		
	Manual handling tasks?		
	Lifting or carrying large or heavy loads?		
	Twisting, stooping or upward reaching?		
	Are mechanical aids used (trolleys)?		
	Working in designated hearing protection zones?		
	Area with the risk of physical violence?		

	Excessive travelling or commuting?		
	Work in awkward spaces/ workstations/ postures/ movement?		
Does she:	Have access to more frequent breaks for eating and drinking?		
	Use personal protective equipment for her work (gloves etc.)		

If you have answered “yes” for any of the questions, please state what control measures / corrective actions will be taken and the date(s) of these actions:

Declaration of Manager / Supervisor:
 I the undersigned, in consultation with Mrs./Ms
 have conducted a preliminary assessment of the work activities and associated risks posed by her work during her pregnancy. We have agreed to corrective actions specified above which are intended to mitigate the risks. The work shall be re assessed if there are changes to the job scope.

Signature of Supervisor:	Date:
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Section 2

To be completed by a representative of the OHSE Unit

Chemicals	YES	NO
Does the employee use chemicals in the course of her work?		
Does this include:		
Asbestos?		

	Lead or a lead derivative?		
	Carbon Monoxide?		
	Mercury or its derivatives?		
	Antimitotic (cytotoxic) drugs?		
Involve substances bearing any of the following phrases	Carcinogenic effects		
	R49 (may cause cancer by inhalation)		
	R60 (May impair fertility)		
	R61 (May cause harm to unborn child)		
	R62 (Possible risk of infertility)		
	R63 (Possible risk of harm to unborn child)		
	R64 (May cause harm to breast fed babies)		
	R68 (Possible risk of irreversible effects)		
Are all substances appropriately labelled, clear and legible? (name and potential effects)			
Is the Material Safety Data Sheet (MSDS) readily available for all chemicals in stock and used?			
Does the employees work involve using chemical agents such as pesticides etc. that can be absorbed via the skin?			

Other:			
<p>If you have ticked "yes" for any of the questions, please state what control measures / corrective actions will be taken and the dates of these actions:</p>			
<p>If you have ticked "yes" for any of the questions, please state what control measures / corrective actions will be taken and the dates of these actions:</p>			
IONISING RADIATION		YES	NO
Could the employee be exposed to ionizing radiation during the course of her work?			
Does the employee work with	Sealed or unsealed radionuclide sources?		
	X ray equipment		

Other:			
If you have ticked "yes" for any of the questions, please state what control measures / corrective actions will be taken and the dates of these actions:			
BIOLOGICAL AGENTS		YES	NO
Could the employee be exposed to biological agents in the course of her work? (Bacteria, mould, viruses etc.)			
Is there exposure to biological agents that are known to cause abortions, or physical or neurological damage?			
Does the employee work with	Hazard group 2, 3 or 4? (Hepatitis, HIV, Herpes, Chicken Pox, Typhoid)		
	Rubella		
Other:			
Based on the severity of the risks posed by the hazards identified, please indicate the measures you will implement to control the risks. The higher the risks the more stringent the control measure must be. Where the hazard cannot be removed by any of the following means, legislation requires that the employee be offered alternative work.			
CONTROL MEASURES		YES	NO
The standard work procedure adequately controls the risks to the expectant mother			
The hazard will be replaced by a harmless substance			
The activity will be automated			

The employee will be temporarily removed from the task / work load reduced		
Where PPE is worn, alternative types or proper sizes will be provided		
The activity will be done temporarily by another employee		
<p>OTHER CONTROL MEASURES – Specify any other control measures you have implemented</p>		
<p>Where risks are identified and are not adequately controlled, they must be brought to the attention of the Director of Human Resources who should put temporary control measures in place or stop the work.</p> <p>Have you Identified any risks that are not adequately controlled Yes / No Risks not adequately controlled include:</p>		

OHSE REVIEW:

Signature of OHSE representative:

Date:

Managers / Supervisors are to complete Section 1 of this form within two (2) working days of proper notification by the employee of her pregnancy. It must be forwarded to the OHSE Unit via the Human Resources Division.

EMPLOYEE ACKNOWLEDGEMENT

I, the undersigned, acknowledge that I have read this risk assessment, take receipt of same and agree with the findings. I will abide by the method of controls listed above and also agree that if any changes occur within my job function, I will advise my Manager and Supervisor and the OHSE Unit immediately.

Signature of Employee:

Date

AUTHORIZATION LOG

Authorized by:	<hr/> Campus Registrar <hr/> DATE
Approved by:	<hr/> OHSE Manager <hr/> DATE
Prepared by:	<hr/> Rajesh Kandhai <hr/> DATE