**Pregnant Employees - Risk Assessment Form**

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| --- | --- |
| **Employer:** |  |
| **House Operator:** |  |
| **Worksite Address:** |  |
| **Completed by:** |  |
| **Employee:** |  | **Employment Type:** |  |
| **Start date:** |  | **Date of assessment:** |  | **Expected date of delivery:** |  |

| **Describe hazards / risks?** | **Where does / can this occur?** | **Controls to be implemented** | **Post control risk rating** | **Responsibility to implement** |
| --- | --- | --- | --- | --- |
| E.g. Fatigue / Exhaustion – Fatigue can be exacerbated during pregnancy | Night Working | Move to day shifts during pregnancy if possible and reduce hours or shifts to assist.  | Medium | Staff Member/House Operator |
| E.g. Lone working   | Pregnant employees may require medical attention urgently  | Call for assistance from participants emergency contacts. | Low | Staff |
|  |  |  |  |  |
|  |  |  |  |  |

**Signed: (Employee)**

**Signed: (House Operator/s)**

**Signed: (Employer)**

**Recommended review times:**

Initial Assessment

2nd Review 3rd trimester (3-6 months earlier if required)

\*Medical Clearance Certificate may be provided at 34 weeks of pregnancy and thereafter.



**Risk Rating**