

**Pregnancy Risk Assessment**

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| **Details of Pregnant Individual** |
| **Name** |  |
| **Location(s) of Work / Study** |  |
| **School / Function** |  |
| **Job Title / Course Code** |  |
| **Role Details** | Office  Classroom  Kitchen  Laboratory  Workshop  Travel  |
| **Hours of Work / Study** |  |
| **Date of Assessment** |  |
| **Assessment Type** | Pregnancy/Post-natal  Breastfeeding  |
| **Due Date** |  |
| **Other Details** |
| **Name of Line Manager / Supervisor / Year Tutor** |  |
| **Name of Head of School/Function** |  |
| **Name of Assessor** |  |

**GDPR**

Data is collected for regulatory purposes (*Safety, Health and Welfare at Work (General Application) Regulations 2007, Part 6, Chapter 2, Protection of Pregnant, Post Natal and Breastfeeding Employees; and Maternity Protection Acts 1994 and Amendment Act 2004).* Please click on [this link](http://www.dit.ie/institutesecretarysoffice/informationgovernance/dataprotectionincludingrecordsmanagement/) for TU Dublin Data Protection and Privacy documents.

**Pregnant Individual:**

I consent to this risk assessment and am aware that information will be shared with relevant TU Dublin colleagues and may be shared with third parties where necessary.

Name:

Signature:

Date:

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| 1. **WORKING ENVIRONMENT**
 |
|  |  | **YES****NO****N/A** | **COMMENT(S) / ACTION REQUIRED** |
| **1.1** | Are there space constraints preventing good posture? |  |  |
| **1.2** | Is there a need to reach around/over obstacles? |  |  |
| **1.3** | Are the following present?* Steps
* Slopes
* Uneven floors
* Spillages
* Rubbish/clutter
* Trip hazards
* Machine hazards
* Other
 |  |  |
| **1.4** | Is there a passenger lift available? |  |  |
| **1.5** | Are there any issues with the following?* Heating
* Lighting
* Ventilation
* Visibility
* Hygiene
* Noise
* Odours
* Rest/break periods
* Job rotation
* Access to toilets
 |  |  |
| **1.6** | Is Personal Protection Equipment (PPE) required? If so, give details |  |  |
| **1.7** | Is PPE adaptable size-wise? |  |  |
| **1.8** | Is there working at height? |  |  |
| **1.9** | Is there regular work/study related travel (nationwide or abroad) outside TU Dublin? |  |  |
| **1.10** | Is there early or night shift work? |  |  |
| **1.11** | Is there underground mine work?  |  |  |
| **1.12** | Does the individual work overtime? |  |  |
| 1. **BIOLOGICAL AGENTS**
 |
|  |  | **YES****NO****N/A** | **COMMENT(S) / ACTION REQUIRED** |
| **2.1** | Is there exposure to biological agents? |  |  |
| **2.2** | What Class are the agents? 1, 2, 3 or 4 |  |  |
| **2.3** | What form are the agents in?* Bacteria
* Virus
 |  |  |
| **2.4** | Is there exposure to Rubella?Is the individual vaccinated against it? |  |  |
| **2.5** | Is there exposure to Toxoplasma? |  |  |
| **2.6** | Are all relevant risk assessments completed and available for work with biological agents? |  |  |
| 1. **CHEMICAL EXPOSURE**
 |
|  |  | **YES****NO****N/A** | **COMMENT(S) / ACTION REQUIRED** |
| **3.1** | Is there exposure to chemical agents?* Chemical agents
* Solvents
* Lead or lead derivatives ***(Breastfeeding)***
* Mercury or mercury derivatives
* Carbon monoxide
* Antimitotic (cytotoxic) drugs
 |  |  |
| **3.2** | Are the chemical agents listed in the Chemical Agent Regulations? |  |  |
| **3.3** | From the SDS, do the agents have the following Hazard Phrases?* H340; 341: Germ cell mutagenicity
* H350; H350i, H351: Carcinogenicity
* H360; H360d; H360fd; H360df; H361; H361d; H361fd, H362: Reproductive toxicity Category 1A/1B/2 or on/via lactation ***(Breastfeeding)***
 |  |  |
| **3.4** | What controls are in place for the above exposure? |  |  |
| **3.5** | What PPE is worn/used? |  |  |
| **3.6** | Are all relevant risk assessments completed and available for work with chemical agents? |  |  |
| 1. **RADIATION**
 |
|  |  | **YES****NO****N/A** | **COMMENT(S) / ACTION REQUIRED** |
| **4.1** | Does the task involve the following:* Shock/vibration
* Physical shocks including direct blows to the abdomen
* Excessive movement
* Hammer/vibration tools
* Other
 |  |  |
| **4.2** | Is there exposure to ionising radiation? |  |  |
|  | Is there exposure to non-ionising radiation? |  |  |
| **4.3** | Is there exposure to optical radiation? |  |  |
| **4.4** | Is there exposure to electromagnetic fields and waves? |  |  |
| **4.5** | What state is the radiation source in?* Solid
* Liquid
* Dust
* Other
 |  |  |
| **4.6** | How are doses controlled? Is there monitoring? Are doses below statutory limits? |  |  |
| **4.7** | Is there a possibility of radioactive contamination? |  |  |
| **4.8** | Are all relevant risk assessments completed and available for work with radiation? |  |  |
| 1. **NOISE**
 |
|  |  | **YES****NO****N/A** | **COMMENT(S) / ACTION REQUIRED** |
| **5.1** | Is there exposure to noise?  |  |  |
| **5.2** | Does the noise reach/exceed 80dB? |  |  |
| **5.3** | Is noise monitoring carried out? |  |  |
| **5.4** | What PPE is worn/used? |  |  |
| 1. **MOVEMENT & POSTURE**
 |
|  |  | **YES****NO****N/A** | **COMMENT(S) / ACTION REQUIRED** |
| **6.1** | Does the individual stand or sit for >1 hour? |  |  |
| **6.2** | Are chairs/stools provided? |  |  |
| **6.3** | Are anti-fatigue mats available? |  |  |
| **6.4** | Is the work physically demanding or give rise to excessive fatigue? |  |  |
| 1. **WORKSTATION\***
 |
|  |  | **YES****NO****N/A** | **COMMENT(S) / ACTION REQUIRED** |
| **7.1** | Does the individual use a VDU? |  | \****This section is only applicable to employees*** |
| **7.2** | Has the individual availed of a workstation risk assessment? |  |  |
| **7.3** | Is information available on the safe use of VDU’s and workstation safety? |  |  |
| **7.4** | Can the individual vary tasks at her discretion? |  |  |
| 1. **MANUAL HANDLING**
 |
|  |  | **YES****NO****N/A** | **COMMENT(S) / ACTION REQUIRED** |
| **8.1** | Does the task involve the following:* Repetitive handling
* A potential to slip
* Holding loads away from the body
* Twisting/stooping/upward reaching
* Steps/slopes
* Reaching upwards/downwards/pulling
* Excessive distances
* Time restraints
* Movement of >5kg seated
* Movement of >16kg standing
 |  |  |
| **8.2** | Is the load?* Bulky/awkward
* Slippery
* Unevenly distributed
* Difficult to grasp
* Abrasive or with sharp edges
* Hot/cold/hazardous
* Likely to shift during handling
 |  |  |
| **8.3** | Are mechanical aids used? |  |  |
| **8.4** | Has the individual completed manual handling training? |  |  |
| 1. **INFORMATION & TRAINING**
 |
|  |  | **YES****NO****N/A** | **COMMENT(S) / ACTION REQUIRED** |
| **9.1** | Is the individual aware of rest facilities on campus? |  |  |
| **9.2** | Has the individual been provided with information and training for their role? |  |  |
| **9.3** | Is the individual aware of first-aid facilities on campus? |  |  |
| **9.4** | Is the individual aware of Occupational Health services? |  |  |
| 1. **USER DETAILS**
 |
|  |  | **YES****NO****N/A** | **COMMENT(S) / ACTION REQUIRED** |
| **10.1** | Details of diagnosed medical problems (if relevant) |  |  |
|  |  |  |  |
| 1. **VDU ASSESSMENT FINDINGS (OFFICE USE ONLY)**
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| **11.1** | In the opinion of the assessor, taking into account the factors identified during the assessment, is corrective action required? If yes, please specify (if not already in the comments above). |

**Corrective Action(s): OFFICE USE ONLY**

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| --- | --- | --- | --- | --- |
| **Ref** | **Item** | **Action(s) Required** | **Person Responsible** | **Target Date / Status** |
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