

**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)** | | | | | |
| **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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