

Pregnancy Workplace Risk Assessment

An individual workplace assessment recording job demands, consultation, pregnancy-related work adjustments, responsible people and review arrangements.

1. Record details and scope

Project

Filled in from the project in SiteSurvey.

Site or premises address

Client or organisation

Record date *

Person completing the record *

This records workplace controls, not a medical assessment. Record only necessary work restrictions and references, avoid clinical histories, and restrict access to personal information.

HSE says employers must assess an individual worker's risks after written notification of pregnancy, breastfeeding or giving birth in the previous six months. Discuss concerns, take account of medical recommendations, record findings and review as circumstances change. If risks cannot be controlled, HSE sets out adjustments, suitable alternative work and paid suspension in that order.

2. Work and consultation

Worker reference *

Role, location and working pattern *

Date of written notification

Consultation date *

Work-related concerns raised without unnecessary medical detail

Relevant professional advice reference, held securely

3. Workplace factors

Work factor (copy this block for each one)

Factor * (choose one)

- ☐ Physical demands
- ☐ Hours and fatigue
- ☐ Substances or infection
- ☐ Work environment
- ☐ Travel or lone work
- ☐ Other

Task, exposure and potential harm *

Existing controls and further adjustments *

Responsible person *

4. Decision and review

Agreed changes to conditions or hours *

Record agreed changes to work and when their effectiveness will be reviewed. Keep unnecessary medical details out of the assessment.

Uncontrolled risks and escalation to the employer

Alternative work or employment decision reference, if needed

Next agreed review date *

Changes that bring the review forward

How findings were shared with the worker

5. Actions and review

Are further actions required? * (choose one)

☐ Yes ☐ No

Further action (copy this block for each one; if applicable)

Action and evidence reference *

Person responsible *

Target date

Action status * (choose one)

☐ Open ☐ In progress ☐ Completed

Completion evidence * (if applicable)

Outstanding limitations and information to pass on

Record status * (choose one)

☐ Ready for review ☐ Further work needed ☐ Work or use stopped

Reviewed by

Review date

Author signature *

A large, empty rectangular box with a thin black border, intended for the author's signature.

Signing records the information entered. It does not itself certify legal compliance, remove a limitation or authorise unsafe work.