RISK ASSESSMENT FOR NEW AND EXPECTANT MOTHERS

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| Name: School: |
| Assessment undertaken by: Date: Review Date: |
| Brief details of activity: |

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| **HAZARD**  Physical  Biological  Chemical | **WHO MIGHT BE HARMED AND HOW?**  Mother, Baby, Foetus? | **IS THE RISK ADEQUATELY CONTROLLED AND HOW?** | **WHAT FURTHER ACTION IS NECESSARY TO CONTROL THE RISK?** |
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