**New & Expectant Mother Risk Assessment Form**

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| **Section A: General Information** | |
| Last Name | First Name |
| Faculty/Staff  Student  Visitor | McGill ID Number |
| Department | Position |
| Location (Bldg. & Room) | Daytime Phone Number |
| Expected Due Date | Evening Phone Number |
| Supervisor’s Last Name | Supervisor’s First Name |
| Department | Position |
| Phone Number | Email |

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| **Section B: Summary of Working Tasks & Activities** |

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| **Work task/activity** | **Duration (%)** | **Comments** |
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| **Section C: Working Conditions** |

***Does the new and expectant mother’s work involve?***

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|  | **Yes/No** | **Comments** |
| Hyperbaric atmospheres |  |  |
| Manual Handling (lifting heavy loads) |  |  |
| Night Shifts |  |  |
| Repetitive motion |  |  |
| Standing or sitting for prolonged periods |  |  |
| Working alone or off-hours |  |  |
| Working at heights |  |  |
| Working underground |  |  |

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| **Section C: Physical Agents** |

***Is the new and expectant mother exposed to?***

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|  | **Yes/No** | **Comments** |
| Ionising Radiation |  |  |
| Noise |  |  |
| Non-ionising electromagnetic radiation |  |  |
| Shocks or vibrations |  |  |
| Temperature extremes |  |  |

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| **Section D: Chemical Agents** |

***Is the new and expectant mother exposed to or come into contact with?***

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|  | **Yes/No** | **Comments** |
| Agents of known and dangerous percutaneous absorption (absorbed through the skin) |  |  |
| Carbon Monoxide |  |  |
| Carcinogens |  |  |
| Cytotoxic (antimiotic) drugs |  |  |
| Lead and lead derivatives |  |  |
| Mercury and Mercury derivatives |  |  |
| Mutagens |  |  |
| Pesticides |  |  |
| Teratogens |  |  |

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| **Section E: Biological Agents** |

***Is the new and expectant mother exposed to or come to contact with?***

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|  | **Yes/No** | **Comments** |
| Bacteria  *e.g. brucella spp., chlamydia psittaci/trachomatis, listeria monocytogenes, mycobacterium tuberculosis (TB), salmonella typhi (typhoid), treponema pallidum (syphilis)* |  |  |
| Human blood & body fluids |  |  |
| Infected laboratory animals |  |  |
| Parasites  *e.g. Toxoplasma gondii* |  |  |
| Viruses  *e.g. cytomegalovisur, herpes simplex, hepatits (A & B), HIV, paramyxoviridae (mups/measles), parvovirus, rubella, varicella-zoster (chicken pox)* |  |  |
| Water or food contaminated by human/animal faeces |  |  |

***If yes is answered to any of the questions in Section D or E, please complete section F.***

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| **Section F: Hazardous Materials Information** |

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| **Material/Agent** | **Who is at risk?**  (mother, baby, foetus) | **Is the risk adequately controlled? How?** | **What further action is required to control the risk?** |
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| **Section G: Engineering Controls & Personal Protective Equipment** |

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|  | **Yes/No** | **Comments** |
| Chemical Fume Hood Available |  | Location:  S/N:  Last tested: |
| Biological Safety Cabinet |  | Location:  S/N:  Last tested: |
| Eye & Face Protection |  |  |
| Protective Clothing (lab coat, apron) |  |  |
| Skin Protection (gloves) |  |  |
| Other, specify: |  |  |

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| **Section H: Training History** |

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| **Training Course** | **Required**  **(Y/N)** | **Attended**  **(Y/N)** | **Date Trained**  **(dd/mm/yy)** |
| Workplace Hazardous Materials Information System (WHMIS) Training for Laboratory Personnel |  |  |  |
| Hazardous Waste Management & Disposal Training for Laboratory Personnel |  |  |  |
| Introduction to Biosafety |  |  |  |
| Safe Use of Biological Safety Cabinets |  |  |  |
| Principles of Laboratory Radiation Safety |  |  |  |
| Particpation in Occupational Health Program |  |  |  |
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