**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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