

## RISK ASSESSMENT FORM AND CHECKLIST/GUIDELINES (MENOPAUSE)

**Name:**

**Div/Dept:**

**Date:**

This document is a living document and should be retained by the individual for as long as is necessary. During meetings between the individual and line manager this document should be updated to reflect the current situation. Once it is no longer required it please send to HR Support who will upload it to the HR system.

**Agreed reasonable adjustments must be put in place to lower any risks to an acceptable level**

Areas to consider	Further detail	Reasonable adjustments agreed
Sanitary and Health Issues	Are workstations/work areas easily accessible to sanitary and rest facilities? Are private washing and changing facilities available? Is there access to sanitary products (bins etc)? Do rota's/shifts ensure that colleagues have easy access to sanitary and washing facilities?	
Temperature – Hot Flashes and Perspiration	Is there a policy on workplace temperature? Is ventilation provided? Is additional ventilation available for example portable fans? Does the uniform and PPE reflect the colleagues needs?	
Aches and pains, dizziness, Lack of energy, headaches	Have workstation assessments been reviewed to take the menopause into account? Are there opportunities to switch to lighter or different duties? Are there flexible working arrangements in place in relation to breaks? Do working hours in general take account of these health issues?	

Reproductive Organs and Bone Damage	Is there access to natural light? Are there regular and flexible breaks? Are uniforms where possible made of natural fibres? Are work processes considered?	
Mood swings, Irritability, Loss of Concentration, Insomnia	Is there flexible working time? Are there flexible breaks? Is there access to natural light?	
Workstations and Work Environment for Skin and Eyes	Has workstation set up been reviewed? Where VDU's are used are there regular breaks? Are ventilation systems functioning?	

**PLEASE NOTE:**

The list above is not exhaustive. There may be other issues that are highlighted which should be considered when agreeing reasonable adjustments.

**CONFIRMATION OF COMPLETION OF REASONABLE ADJUSTMENTS IDENTIFIED**

Agreed reasonable adjustments:

DRAFT

I confirm that the initial meeting was undertaken for \_\_\_\_\_ on \_\_\_\_\_ and that any reasonable adjustments listed above will be carried out.

Signed: \_\_\_\_\_ (Line Manager) Signed: \_\_\_\_\_ (Employee)

Print Name: \_\_\_\_\_ (Line Manager) Print Name: \_\_\_\_\_ (Employee)