



NEW AND EXPECTANT MOTHER POLICY ASSESSMENT

Please take a few minutes to record your views in this survey. Your views and opinions are a very important part of helping us to find ways to improve health and safety in our workplace.

Name	
Date	

Do you know of any safety related problems with the equipment you use?

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Do you know of any safety related problems with the way you work?

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Has your doctor made any health recommendations to you as a result of your pregnancy / childbirth?

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How do you think we might be able to improve workplace health and safety?

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