**Menopause Risk Assessment Form and Checklist**

**Name: Div/Dept: Date:**

This 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 following which it should be shared with Human Resources and maintained on the HR system.

|  |  |  |
| --- | --- | --- |
| **Areas to Consider** | **Further Detail** | **Reasonable Adjustments** |
| 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 Flushes  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?  Consideration to be given for emergency response driving, whether this is for a number of hours, a shift or longer period |  |
| 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 considering reasonable adjustments.

**CONFIRMATION OF COMPLETION OF REASONABLE ADJUSTMENTS IDENTIFIED**

|  |
| --- |
| **Agreed Reasonable Adjustments** |

**Confirmation that meeting was held for \_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_ and that the reasonable adjustments above were agreed.**

**Signature (Line manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed name (Line Manager) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature (Employee) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed name (Employee) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**