



Maternity protection instruction.docx

Version no.: 1.2

Maternity protection Confirmation of instruction

Data of the workplace	
Organizational unit	
Street	
PLZ City	
Contact person of the organization	

Proof for maternity protection instruction carried out	The training was carried out by (BLOCK LETTERS):
	The instruction was received by (BLOCK LETTERS):
	Date: _____ Time: _____

I hereby certify that I have read (pages 6-7) and understand the individual maternity protection-evaluation Sheet and will take it into consideration.

Place, date

Signature of the person giving
the instruction

Signature of the employee

Updated on am: 11.11.2022

Released on: 11.11.2022 11:18 UTC

Updated by:
Marie-Christine Bruckner

Released by: Erik Griebel

Individual maternity protection - evaluation by preventive service

1. Workplace-related evaluation (Part in addition to the safety and health document)		
1. Workplace:		
This workplace is for expectant and nursing mothers:	Suitable/ unsuitable	
No.	Type of hazard	Yes
1	Weight limitation when lifting: regular: 5 kg, occasionally: 10 kg Weight limitation when pushing / pulling: regular: 8 kg, occasionally: 15 kg	<input type="checkbox"/>
2	Working while standing: seating for short rest must be provided; from the 21st week of pregnancy only 4 hours per day	<input type="checkbox"/>
3	Work involving a risk of occupational disease (e.g. noise) Note: See General Social Insurance Act (ASVG)	<input type="checkbox"/>
4	Working with substances hazardous to health (e.g. dusts, gases, vapours, biological agents)	<input type="checkbox"/>
5	Ionizing and non-ionizing radiation	<input type="checkbox"/>
6	Working on machines with high foot stress (e.g. foot swing press)	<input type="checkbox"/>
7	Employment on means of transport (e.g. taxis, forklifts)	<input type="checkbox"/>
8	Piecework: from the 21st week of pregnancy	<input type="checkbox"/>
9	Working with special accident hazards (e.g. on ladders)	<input type="checkbox"/>
10	Constant sitting (if there is no opportunity for short breaks)	<input type="checkbox"/>
11	Working under the influence of harmful heat, cold or moisture	<input type="checkbox"/>
12	Work in which the employee often stretches or bends excessively or where she often has to squat or stoop over	<input type="checkbox"/>
13	Work in which the body is exposed to strong shocks	<input type="checkbox"/>
14	Special psychological stress	<input type="checkbox"/>
15	Particularly annoying odours	<input type="checkbox"/>
16	Protection against tobacco smoke if the expectant mother does not smoke herself	<input type="checkbox"/>
17/18	Compliance with working hours possible	<input type="checkbox"/>
19	Working in compressed air	<input type="checkbox"/>
20	Breastfeeding possibility	<input type="checkbox"/>
21	Resting possibility	<input type="checkbox"/>



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No.	Measures in case of danger or replacement job
1	
2	
3	
4	
5	
6	
7	
8	
Alternative assessment/comments: (e.g.: alternative job, alternative activities, etc.)	

Maternity protection evaluation

carried out on: _____

Pregnant/breastfeeding mother: _____

Direct supervisor: _____

Occupational physician: _____

Safety expert (optional): _____

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Updated by:
Marie-Christine Bruckner

Released by: Erik Griehl