

## LONE WORKING RISK ASSESSMENT

This form is to be completed by the lone worker for all medium/high risk activities involving or which may involve lone working. This Assessment is to be read in association with other Assessments specific to the relevant activities.

<b>SECTION 1</b>			
Does the work present a particular, significant, risk to a lone worker (because they are lone working). If YES - complete the remainder of this Assessment. If NO - there is no need to complete this Assessment.			YES / NO
<b>SECTION 2</b>			
Name/Signature (of lone worker)			
Date of Activity		Location	
Details of proposed activity:			
Is there valid applicable Risk Assessment/s available for these activities? (If NO – relevant Assessments must be completed before completing this Lone Working Risk Assessment and commencing work)			YES / NO
<b>SECTION 3</b> (If <b>NO</b> is the response to any question in this Section – lone working is prohibited and the statement in Section 5 of this Assessment must be signed.)			
Are you medically fit and able to work alone?			YES / NO
Is there safe means of access/egress (suitable for 1 person)?			YES / NO
If any special training is required for this work has such training been undertaken? (If special training is not required – leave blank)			YES / NO
<b>SECTION 4</b> (If <b>YES</b> is the response to any question in this Section – lone working is prohibited and the statement in Section 5 of this Assessment must be signed.)			
Does the work involve live working/high voltage energy sources?			YES / NO
Does the work involve exposure to moving parts of machinery, which are normally guarded?			YES / NO
Does the plant/equipment require more than 1 person for safe operation?			YES / NO
<b>SECTION 5</b> (This section is to be completed for any prohibited activity highlighted in Section 3 or 4 above, otherwise it is to be left blank.)			
It is understood that lone working is prohibited for this activity and will not be undertaken in the absence of another person in the vicinity.			
Name:		Signature:	

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<b>SECTION 6</b> (Indicate in Section 7 which Procedures have been instigated for any lone working including any of the following risks.)	
Does the work involve working at height?	YES / NO
Do the substances/goods involved in the work require more than 1 person to ensure safety?	YES / NO
Is there a risk of violence?	YES / NO
Are women (including new/expectant mothers) especially at risk if they work alone?	YES / NO
Are young/inexperienced workers especially at risk if they work alone?	YES / NO
<b>SECTION 7</b> Indicate which of the following Procedures have been put in place to monitor lone worker to ensure they remain safe during this work -	
Supervisor/Manager etc periodically visiting and observing lone worker	YES / NO
Regular, agreed, contact between lone worker and Supervisor/Manager/ other via radio/telephone (other device/method). If YES, briefly outline details -	YES / NO
Automatic warning device, which operates if specific signals are not received periodically from the lone worker	YES / NO
Other device/s designed to raise the alarm in the event of an emergency, which are operated manually (panic alarm/mobile phone) or automatically (eg by the absence of activity)	YES / NO
Other special arrangements in the event of emergency (detail if applicable)	YES / NO
<b>SECTION 8</b>	
I have read and understood all other relevant Risk Assessments associated with this activity and have implemented all necessary controls, as well as any additional controls highlighted by this Lone Working Assessment.	
Name:	Signature: