

LONE WORKING ASSESSMENT
LOW RISK / MEDIUM RISK / HIGH RISK ACTIVITY

Department:	
Location:	

Brief Description of Work:

HAZARD IDENTIFICATION

Identify all hazards specific to lone working activity, describe existing control measures and identify any further measures required.

Hazard(s)	Risk(s)			Control Measures (i.e. alternative work methods, training, supervision, protective equipment)
	Low	Medium	High	
Workplace & Conditions				
Process Work with electrical systems, cryogenic gases etc				
Equipment Manual handling risk, operation of emergency controls etc.				

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Hazard(s)	Risk(s)			Control Measures (i.e. alternative work methods, training, supervision, protective equipment)
	Low	Medium	High	
Violence Potential for violence (previous incidents etc).				
Individual Medical condition, female, young, inexperienced, disabilities, expectant mothers etc				
Work Pattern Time (alone all day / out of hours?) and location (isolated / remote).				
Other Specify				

PERSONS AT RISK

TRAINING

Identify level and extent of information; instruction and training required, consider experience of workers.

Has necessary information / training been given?	YES	NO	N/A

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SUPERVISION

Identify level of supervision required.

	YES	NO	N/A
Is suitable supervision in place? (no as lone working)			
Periodic telephone/radio etc contact or site visits to lone workers / buddy system (nothing in place to supervise lone working)			
Automatic warning devices e.g. sensors etc			
Manual warning devices e.g. panic alarms etc			
End of activity (this means when shift or working day has finished does that person call someone to say they have finished)			
Other (specify)			

ADDITIONAL INFORMATION

Relevant to the lone working activity including existing control measures; information instruction and training received, supervision, security, increased lighting, emergency procedures, first aid provision etc.

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Assessment carried out by :			
Name:		Signature:	
Date:		Telephone:	

Names of Person(s) involved in Lone Working	
Name:	
Signature:	
Date:	

Name of Responsible Person(e.g. Department Manager or Supervisor)	
Name:	
Signature:	
Date:	