**Lone working risk assessment**

**Health and Safety Services**

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|  | School / Service |  | | |  |
|  | | | | |  |
|  | Location |  | | |  |
|  | Brief Description of Lone Work Activity | | | |  |
|  |  | | | |  |
|  | **Hazard Identification**  ***Identify all hazards specific to lone working activity, describe existing control measures and identify any further measures required.*** | | | |  |
|  | **HAZARD(S)** | | | **CONTROL MEASURES**  ***(e.g. alternative work methods, training, supervision, protective equipment)*** |  |
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|  | **Workplace and Conditions;**  *remote area, laboratory, confined space, workshop, Safe means of entry, exit, adequate illumination, heating etc.* | |  |  |  |
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|  | **Process;**  *work with electrical systems, cryogenic gases etc.* | |  |  |  |
|  | | | |  |  |
|  | **Equipment;**  *manual handling risks, operation*  *of emergency controls etc.* | |  |  |  |
|  | | | |  |  |
|  | **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;** | |  |  |  |
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|  | **Additional Control Measures:** | | | | | | | | |  |
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|  | **Training:**  ***Identify level and extent of information; instruction and training required consider experience of workers*** | | | | | | | | |  |
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|  | | | | | | | | | |  |
|  | **Supervision:**  ***Identify level of supervision required*** | | | | | | | | |  |
|  | Periodic telephone/radio etc. contagct or site visits to lone workers/buddy system | | | | y/n | Automatic warning devices e.g. sensors etc. | y/n | Manual warning devices e.g. panic alarms etc. | y/n |  |
|  | Other: | | | | | | | | |  |
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|  | **Identify Persons at Risk:**  ***This may include more individuals than the lone worker e.g. if Estates Security Services become involved***  ***Consider lone worker, core services (maintenance/cleaning staff etc.), contractors, students, visitors*** | | | | | | | | |  |
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|  | **Additional Information:**  ***relevant to the one 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: | |  | | | | |  | |
|  | | | | | | | | | | |
| **Names of person(s) involved in lone working** | | Name: | |  | | | | |  | |
| Signature: | |  | | | | |  | |
| Date: | |  | | | | |  | |
|  | | | | | | | | | | |
| **Name of responsible officer e.g. PI, Safety Supervisor, etc.** | | Name: | |  | | | | |  | |
| Signature: | |  | | | | |  | |
| Date: | |  | | | | |  | |
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