**Lone working risk assessment**

**Health and Safety Services**

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|  |  |
|  | School / Service |  |  |
|  |  |
|  | Location |  |  |
|  | Brief Description of Lone Work Activity |  |
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|  | **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)*** |  |
|  |  |
|  | **Workplace and Conditions;** *remote area, laboratory, confined space, workshop, Safe means of entry, exit, adequate illumination, heating etc.* |  |  |  |
|  |  |  |
|  | **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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