



Lone Working Guidance Risk Assessment Form:

Refer to [Lone Working Notes for Guidance](#) before completing this form.

Title	Information from School
School Assessment No.	
Title of Activity:	
Location(s) of work:	
Brief Description of Work:	

HAZARD IDENTIFICATION:

Identify all the hazards specific to the lone working activity; evaluate the risks (low / medium / high); describe all existing control measures and identify any further measures required.

Specific hazards should be assessed on a separate risk assessment form and cross-referenced with this document. Specific assessments are available for hazardous substances, biological agents, display screen equipment, manual handling operations and fieldwork.

HAZARD(s)	RISK L / M / H	CONTROL MEASURES	RISK AFTER CONTROL L / M / H
WORKPLACE: Identify any hazard specific to the workplace / environment, which may create particular risks for lone workers e.g. confined spaces			
PROCESS: Identify any hazards specific to the work process, which may create particular risks for lone workers e.g. electrical systems			
EQUIPMENT: Identify any hazards			

specific to the work equipment, which may create particular risks for lone workers e.g. manual handling			
VIOLENCE: Identify the potential risk of violence.			
INDIVIDUAL: Identify any hazards specific to the individual, which may create particular risks for lone workers e.g. medical conditions, female, age, inexperience, etc.			
WORK PATTERN: Consider how the lone worker's work pattern integrates with those of others workers, in terms of both time and geography.			
OTHER: Please specify.			

* Continue on separate sheet, if necessary

Persons at Risk:

Identify all those who may be at risk.

TYPE	NAME	TYPE	NAME
Academic Staff		Technical Staff	
Postgraduate Student		Undergraduate Student	
Maintenance Staff		Office Staff	
Cleaning Staff		Emergency Staff	
Contractors		Visitors	
Others			

Training:

Identify the level of information, instruction and training required. Consider the experience of workers.

TRAINING:	YES	NO	N/A
Has necessary information, instruction and training been given?			
Expand and clarify, if necessary.			

Supervision:

Identify the level of supervision required.

	YES	NO	N/A
Is suitable supervision in place? (identify all necessary supervisory measures).			
Periodic telephone contact with lone workers			
Periodic site visits to lone workers			
Regular contact (telephone, radio, etc)			
Automatic warning devices e.g. motion sensors, etc			
Manual warning devices e.g. panic alarms, etc			
End of task / shift contact			
Other, specify			
Expand and clarify, if necessary.			

Additional Information:

Identify any additional information relevant to the lone working activity, including emergency procedures first aid provision.

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Assessment carried out by:

Assessment carried out by:		Dates:	
Name:		Date:	
Signature:		Review Date:	

Names of Persons Involved in Lone Work:

Name:	Signature:	Date: