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| **Lone Worker Risk Assessment** | | | | | |  | | | |
| **Name: Centre or Service:**  **Job Description:** | | | | | | **Date of Assessment:**  **Review assessment date:** | | | |
| **Step 1: Hazard Identification:** | | | | | **Step 2: Risk rating:** | **Step 3: Risk control measures:** | | | |
| Do any of the following present a particular risk, tick relevant box:  A Work Environment:  B Accidents and Emergencies:  C Lack of First Aid:  D Fire:  E Access/Egress:  F Moving/ Handling:  G Communication:  H Passive smoking:  I Driving Alone:  J Lack of rest:  K Night work:  L Location of work:  M Potential Violence:  N Hazardous Substances:  Any other considerations: Yes  No  Please detail: | | | | |  |  | | | |
| **Detail of any training, information, instruction or communication of risks and control measures:** | | | | | | | | | **Date Given:** |
| **Details of emergency arrangements:** | | | | | | | | | **Date Worker Briefed:** |
| **Risk carried out by:**  **Signature:** | | | | | | | **Name (BLOCK CAPITALS):**  **Position:** | | |
| **Severity** | **High** | 3 | 3 | 3 | **Severity:**  **H**= Serious Injury? Lost Time Accident  **M**= Minor Injury. Minor Property Damage  **L**= Near Miss  **Likelihood:**  **H**= Very likely  **M**= Possible  **L**= Unlikely  **Risk Rating:**  **1**= High Risk  **2**= Medium Risk  **3**= Low Risk | | | **High Risk=**  Immediate Action:  **Medium Risk=**  Action within 1 to 4 weeks with possibly some intermediate controls:  **Low Risk=**  Possibly no action required re-access risk in 6 months: | |
| **Medium** | 2 | 2 | 3 |
| **Low** | 1 | 1 | 2 |
|  | **Low** | **Medium** | **High** |
| **Likelihood** | | | |

