

## Lone Working Risk Assessment Form

Company :

Name of Lone Worker :

Location :

Department :

Frequency of unsupervised Lone Working :

Risk Type	Is it a Risk?	Level of Risk	Comments
Does the workplace or location present a particular/significant risk to the Lone Worker?			
Is there safe access and egress for the Lone Worker?			
Is the Lone Worker at an increased risk due to a medical condition or disability?			
If a young worker, are they especially at risk working alone ?			
Are there any other factors that may increase the risk for this Lone Worker ?			
Will the work involve/require any access equipment or work at height?			
Will the work involve the use of plant/equipment or mechanical handling equipment?			
Will the work involve any manual handling ?			
Will the work involve the use of hazardous substances?			
Will the work involve naked flames, heat, smoke or fire?			
Will the work involve gas, electricity or water?			
Will the work require access to confined spaces, restricted or containment areas?			

Will the work involve hand tools, sharps, needles or glass?			
Will the work involve access to dangerous moving parts etc.?			
Does the work involve access/contact with animals?			
Will the general public have unrestricted access to the work area			

Decision :

Approval :

REF ID :

**Lone Worker**

**Risk Assessor**

Name :

Name :

Date :

Date :

Any other comments/risks not mentioned above :

For more information about lone working, HSE & the MyTeamSafe solution please go to [www.myteamsafe.com](http://www.myteamsafe.com)