

## Lone Working Risk Assessment Form

Company :

Lone Worker Name/Role:

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?			
Is a less experienced worker, at greater risk working alone ?			
Are there any other factors that may increase the risk for this Lone Worker ?			
Does the lone worker work at / travel between multiple locations ?			
Will the work involve the use of plant/equipment, manual handling equipment or working at height?			
Will the work involve any manual handling ?			
Will the work involve the use of hazardous substances or drugs?			
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?			
Could the public have 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)