



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 | | | |



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| 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, gender, 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 | | | |



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| 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: |
|--------------|-------------------|--------------|
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