



Lone Working Guidance Generic Risk Assessment Form:

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

Title	Information from School
School Assessment No.	A1
Title of Activity:	Office work outside normal building occupancy
Location(s) of work:	Charles Stewart House
Brief Description of Work: Normal office activities, outside normally expected hours of building occupancy.	

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:			
1. Slips, trips and falls	L	Ensure, during departmental self - inspections, that any such hazards, e.g. torn carpets, trailing cables etc. receive prompt remedial attention. Do not work alone outwith normal hours if your mobility is temporarily impaired (e.g. leg injury)	L



2. Fire or other emergency	M	Ensure that you receive appropriate fire safety training and that you are familiar with emergency procedures for your area. Note that special provisions will be in place for mobility impaired persons.	L
3. Electrical accident	L	Ensure that PAT tested items (kettles, desk lamps etc) have been labelled "Pass" and that all electrical cables etc. are regularly visually inspected for damage. Do not interfere with plugs, cables etc, when any item is connected to the power supply.	L
EQUIPMENT:			
1. Work with any potentially hazardous items of equipment or materials	M	Ensure that any work which involves such items or materials is done during normal building occupancy. Operate a "buddy" system - always being accompanied by a colleague - where this is not practicable.	L
2. Manual handling loads	M	Do not attempt to lift or move any load single handed which is likely to put you at all at risk of injury. Re- schedule work to time when assistance is available. Alternatively, use lifting/moving aids where this can safely facilitate single person operation.	L
VIOLENCE:			
1. Intruder in building	L	Ensure that you know how to contact University Security promptly, should you know or suspect that an intruder is present in your building. Do not	L



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		confront the intruder, lock your door and await the arrival of Security.	
2. Safe routes home after work	M	Plan out how you will get to your car/public transport/home after leaving your workplace, taking account of potential personal safety issues e.g. well lit routes etc.	L
INDIVIDUAL:			
1. Personal medical conditions etc.		Ensure that any medical conditions which might be relevant to your working alone are fully discussed with your line manager and, if necessary, Occupational Health and your own GP. Do not work alone if any such condition is assessed as putting you at increased risk.	
WORK PATTERN:			
1. Avoidance of lone and out of hours working	N/A	Consider how your work pattern integrates with those of other workers, in terms of both time and geography, with a view to avoiding lone working as far as is practicable.	N/A
2. Log in/out procedures	N/A	When lone working is unavoidable, contact University Security to initiate a check-in/check-out system to log your presence in the building.	N/A
OTHER: Please specify.		Please note here any other special circumstances, local conditions, etc., which are relevant to lone and out of hours working.	

* Continue on separate sheet, if necessary

Persons at Risk:

Identify all those who may be at risk.



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TYPE	NAME	TYPE	NAME
Academic Staff	X	Technical Staff	
Postgraduate Student		Undergraduate Student	
Maintenance Staff	X	Office Staff	X
Cleaning Staff	X	Emergency Staff	
Contractors	X	Visitors	X
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).	X		
Periodic telephone contact with lone workers		X	



Periodic site visits to lone workers		X	
Regular contact (telephone, radio, etc)	X		
Automatic warning devices e.g. motion sensors, etc		X	
Manual warning devices e.g. panic alarms, etc	X		
End of task / shift contact	X		
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.

Room X, key available from Y.

Assessment carried out by:

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

Names of Persons Involved in Lone Work:



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Name:	Signature:	Date: