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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 NoPlease 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** |

