Lone Worker Risk Assessment

CHESHIRE IRELAND *learning through listening*

Name: Job Description: Centre or Service:	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 ☐ **W**ork Environment: B ☐ **A**ccidents and Emergencies: C ☐ **L**ack of First Aid: D ☐ **F**ire: E ☐ **A**ccess/**E**gress: F ☐ **M**oving/**H**andling: G ☐ **C**ommunication: H ☐ **P**assive **S**moking**:** I ☐ **D**riving **A**lone: J ☐ **L**ack of **R**est: K ☐ **N**ight **W**ork: L ☐ **L**ocation of **W**ork: M ☐ **P**otential **V**iolence: N ☐ **H**azardous **S**ubstances: Any other considerations: **Yes**: ☐ **No**: ☐ Please detail:		

Detail of any training, information, instruction or communication of risks and control measures:	Date Given:
Details of emergency arrangements:	Date Worker Briefed:

Risk assessment carried out by: Signature:	Name: (BLOCK CAPITALS) Position:

Severity				
	High	3	3	3
	Medium	2	2	3
	Low	1	1	2
		Low	Medium	High
		Likelihood		

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: