

## Lone Working Risk Assessment

Working alone in buildings

Staff exposed to risk. (I.e. Group and number)

Department

Site:

Checklist completed by

Date completed:

Review Date:

<b>Main Issues of Concern</b>	<b>Yes</b>	<b>No</b>
Do staff work alone?		
Do staff work outside normal office hours?		
Is there enough security provision?		
Is there poor access to the building?		
Do staff activities involve working in confined spaces?		
Do staff activities involve handling dangerous substances?		
<b>Control Measures for Consideration</b>		
Do you provide joint working for high-risk activities (i.e. working alone at night)		
Do you carry out regular supervisor or colleague checks during activities?		
Do you use entrance security systems (i.e. digital locks or swipe cards)?		
Is there security lighting around access points and parking areas?		
Have you installed panic buttons to manned locations		
Do you use reporting checking in systems?		
Do you use two-way radios or other communication systems?		
Do staff have information and training on basic personal safety?		
Are staff trained in strategies for preventing and managing violence?		
Do staff have access to forms for reporting incidents or near misses and appreciate the need for this procedure?		
Are your existing control measures adequate		
If No what modifications or additional actions are necessary?		
1		
2		
3		
4		

**Note: Please complete the Trusts Risk Assessment form for staff whose working practice makes them vulnerable**