Lone Working Risk Assessment

Assess the risks of a lone working activity: location, violence, medical, communication, check-in and emergency arrangements.

Activity

Lone working activity *	
Workers covered	
Assessor *	
Date *	_____ / _____ / _____

Hazards

Item	Yes	No
Risk of violence or aggression *	☐	☐
Remote location or poor signal *	☐	☐
Medical conditions affecting lone working *	☐	☐
Working at height or in confined spaces *	☐	☐
Driving long distances *	☐	☐
Out-of-hours working *	☐	☐
Handling cash or valuables *	☐	☐

Controls

Check-in method *	☐ Phone call ☐ App check-in ☐ Lone worker device ☐ Buddy system
Check-in frequency	
Escalation if a check-in is missed *	
Other controls	
Residual risk *	☐ Low ☐ Medium ☐ High

Sign-off

Additional comments	
Assessor name *	
Assessor signature *	
Date signed *	_____ / _____ / _____

* Required