***This form can also be used for students that may be on campus after normal hours working on projects and assignments when staff are not present***

|  |  |
| --- | --- |
| Date Conducted |       |
| Pathway / Building Location |       |
| Person(s) Completing Assessment |       |
| Description of the lone working situation |       |
| Signature(s) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1.** | **WORKPLACE AND CONDITIONS:** | **YES** | **NO** | **N/A** | **ADDITIONAL CONTROL MEASURES REQUIRED:** |
|  | Does the workspace itself present any special risks to a person working alone? |  |  |  |       |
|  | Is there safe access and egress (exit), including consideration of emergencies? |  |  |  |       |
|  | Can all equipment to be used during the lone working be safely operated by a lone person? |  |  |  |       |
|  | Can all substances / hazardous materials be safely handled and used by a lone person? |  |  |  |       |
|  | Is there a risk of accidental release of material, which could cause acute injury?  |  |  |  |       |
|  | Is there a risk of accidental release of material, which would need extensive decontamination? |  |  |  |       |
|  | Can a lone person safely do any manual handling that may be required? |  |  |  |       |
|  | Would the lone worker have to work at height where a fall could cause injury or where the lone worker to be left hanging (i.e. harnessed etc)? |  |  |  |       |
|  | Are adequate first-aid facilities available (access to First Aiders, first-aid kits etc.)? |  |  |  |       |
|  | In an emergency can help easily find and reach the lone worker? |  |  |  |       |
|  | If working off-site, do you need to consider welfare issues, illumination, risk of violence etc.? |  |  |  |       |
|  | For FM construction projects - would the lone worker be performing hazardous work requiring a permit to work and if so how the work would be ‘authorised’? |  |  |  |       |
|  | Is there any security risks to the lone worker from intruders (consider site security, proximity of other businesses or people, high value products or equipment in the workplace) |  |  |  |       |
|  | Is there an Emergency Procedure flip-chart nearby for reference in an emergency? |  |  |  |       |
| **2.** | **COMMUNICATION AND SUPERVISION:** | **YES** | **NO** | **N/A** | **ADDITIONAL CONTROL MEASURES REQUIRED:** |
|  | Are there arrangements for regular contact between the lone worker and the supervisor / colleague? |  |  |  |       |
|  | Are automatic monitoring and warning devices appropriate and used (e.g. personal movement or inactivity alarms, radio panic alarms, mobile phone Apps etc.)? |  |  |  |       |
|  | Is there easy access to emergency communication at all times e.g. mobile phone, radio, landlines? |  |  |  |       |
|  | Would the lone worker be able to contact the emergency services or Unitec Security if incapacitated or trapped? |  |  |  |       |
| **3.** | **THE LONE WORKER:** | **YES** | **NO** | **N/A** | **ADDITIONAL CONTROL MEASURES REQUIRED:** |
|  | Does the lone worker have any medical condition that increases the risk of working alone? Including consideration of emergencies. |  |  |  |       |
|  | Is the lone worker sufficiently experienced and competent in the work process in order that they can safely carry out the work alone? |  |  |  |       |
|  | Has necessary information, instruction and training been given to the lone worker? |  |  |  |       |
|  | Has the lone worker been provided with suitable emergency training including at least two emergency exit routes? |  |  |  |       |
| **4.** | **OTHER FACTORS (please specify):** | **YES** | **NO** | **N/A** | **ADDITIONAL CONTROL MEASURES REQUIRED:** |
|  |  |  |  |  |       |
|  |  |  |  |  |       |
|  |  |  |  |  |       |