



RISK ASSESSMENT FOR WORKERS WORKING ALONE

This Risk Assessment is designed to assist you in assessing the risks involved in order to generate the actual Working Alone Safe Work Plan.

1. Job Title: _____

2. Number of workers affected: _____

3. Description of work assigned where a worker may be working alone or in isolation AND there is a risk of a disabling injury AND the worker may not be able to secure assistance in the event of such injury or other misfortune:

4. How serious are the consequences?

<input type="checkbox"/> Catastrophe: numerous fatalities, major disruption <input type="checkbox"/> Several fatalities <input type="checkbox"/> Fatality	<input type="checkbox"/> Extremely serious injury or occupational disease <input type="checkbox"/> Disabling injuries, reversible tissue damage <input type="checkbox"/> Minor cuts, bruises, irritations
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5. Location(s) of work: _____

6. The location(s) of work is equipped with the following or it is nearby:

<input type="checkbox"/> Fire alarm pull-station(s)	<input type="checkbox"/> Campus phone	<input type="checkbox"/> Attendant
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7. Hazards associated with the work that may cause a disabling injury (check all applicable):

<input type="checkbox"/> Energized equipment/materials <input type="checkbox"/> Hazardous materials <input type="checkbox"/> Extreme temperatures <input type="checkbox"/> Falls from heights <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Low oxygen environment <input type="checkbox"/> Physical Assault <input type="checkbox"/> Hit/strike from moving objects
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8. Do hazards increase, decrease or completely change with the time of the day or shift? If so, provide details:

<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Changes
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9. Description of workplace accidents that have occurred while workers were performing this work: -

