

Lone Worker Assessment

Assess risks for staff working alone and confirm that support and communication systems are in place. Required where isolation increases risk.

Title: _____

Severity: _____ Site: _____

Date / Time: _____ Completed by: _____

Assessment Details

1 Date of assessment *

2 Assessor name *

3 Job title or role

4 Location

Address or coordinates

5 Department or team

6 Review date

Lone Worker Details

7 Employee name *

8 Job title or role *

9 Contact telephone number *

10 Email address

11 Line manager name *

12 Line manager contact number *

Emergency Contact

13 Emergency contact name *

14 Emergency contact relationship

15 Emergency contact telephone number *

Work Details

16 Description of lone working activity *

17 Reason for lone working

18 Location of lone working *

19 Date of lone working

20 Start time

21 Expected finish time

22 Frequency of lone working

One off

Daily

Weekly

Monthly

Occasionally

23 Regular lone working pattern

Risk Assessment

24 Lone working risk assessment completed *

Yes

No

N/A

25 Risk assessment reference

26 Risk assessment attached

Attach file here

27 Specific hazards identified

28 Risk level

Low

Medium

High

29 Control measures in place

Suitability for Lone Working

30 Task suitable for lone working

Yes

No

N/A

31 Location suitable for lone working

Yes

No

N/A

32 Employee suitable for lone working

Yes

No

N/A

33 Employee medically fit for lone working

Yes

No

N/A

34 Any medical conditions that may affect lone working

Yes

No

N/A

35 Details of medical conditions

36 Employee trained for lone working

Yes

No

N/A

37 Employee experienced in the task

Yes

No

N/A

38 Employee aware of risks and procedures

Yes

No

N/A

Tasks Not Permitted for Lone Workers

39 Working at height

Yes

No

N/A

40 Confined space entry

Yes

No

N/A

41 Working with hazardous substances

Yes

No

N/A

42 Working with dangerous machinery

Yes

No

N/A

43 Electrical work

Yes

No

N/A

44 Hot work

Yes

No

N/A

45 Manual handling of heavy loads

Yes

No

N/A

46 Work involving risk of violence

Yes

No

N/A

47 Other restricted tasks

Communication Arrangements

48 Communication method

- Mobile phone Two-way radio Landline Satellite phone
 Lone worker device App based system Other
-

49 Communication device provided

- Yes No N/A
-

50 Device details

51 Signal or coverage confirmed at location

- Yes No N/A
-

52 Backup communication method

53 Check-in contact person *

54 Check-in contact telephone number *

Check-in Procedures

55 Check-in required *

Yes

No

N/A

56 Check-in frequency

Every 30 minutes

Every hour

Every 2 hours

Every 4 hours

At start and end only

Other

57 Other check-in frequency

58 Check-in method

Phone call

Text message

App check-in

Radio call

Email

Other

59 Scheduled check-in times

60 Code word or duress signal agreed

Yes

No

N/A

61 Code word or signal details

62 Missed check-in procedure explained

Yes

No

N/A

Escalation Procedure

63 Action if check-in missed *

64 Time before escalation

65 First point of contact if check-in missed

66 First contact telephone number

67 Second point of contact

68 Second contact telephone number

69 Procedure for sending assistance

70 Emergency services to be called if no contact

Yes

No

N/A

Location Monitoring

71 GPS tracking in use

Yes

No

N/A

72 Tracking device or app

73 Employee consents to tracking

Yes

No

N/A

74 Vehicle tracking in use

Yes

No

N/A

75 Location sharing enabled

Yes

No

N/A

Site and Access Information

76 Site address

77 Postcode

78 What3Words location

79 Access arrangements

80 Key or access code required

Yes

No

N/A

81 Key or code details

82 Parking arrangements

83 Known hazards at location

Personal Safety

84 Personal safety training completed

Yes

No

N/A

85 Conflict resolution training completed

Yes

No

N/A

86 Risk of violence or aggression

Yes

No

N/A

87 Violence risk controls

88 Personal alarm provided

Yes

No

N/A

89 Torch provided

Yes

No

N/A

90 First aid kit provided

Yes

No

N/A

91 Employee knows location of nearest help

Yes

No

N/A

92 Employee aware of safe exit routes

Yes

No

N/A

Driving and Travel

93 Driving involved

Yes

No

N/A

94 Vehicle details

95 Vehicle registration

96 Journey plan provided

Yes

No

N/A

97 Route details

98 Breakdown cover in place

Yes

No

N/A

99 Vehicle emergency kit available

Yes

No

N/A

100 Expected travel time

Equipment and PPE

101 Equipment to be used

102 Equipment suitable for lone use

Yes No N/A

103 PPE required

104 PPE provided and in good condition

Yes No N/A

Welfare

105 Access to toilet facilities

Yes No N/A

106 Access to drinking water

Yes No N/A

107 Access to rest area

Yes No N/A

108 Arrangements for meals and breaks

109 Maximum lone working duration

Weather and Environmental Conditions

110 Weather conditions checked

Yes

No

N/A

111 Current weather conditions

112 Work to be postponed in adverse weather

Yes

No

N/A

113 Adverse weather criteria

114 Temperature extremes considered

Yes

No

N/A

115 Lighting conditions adequate

Yes

No

N/A

Emergency Arrangements

116 Emergency procedure understood

Yes

No

N/A

117 Nearest hospital

118 Nearest hospital address

119 Local emergency services contact

120 Site emergency contact

121 First aid trained

Yes

No

N/A

122 Location of nearest first aid kit

123 Location of nearest defibrillator

124 Fire evacuation procedure understood

Yes

No

N/A

125 Assembly point location

Out of Hours Working

126 Out of hours working

Yes

No

N/A

127 Out of hours contact arrangements

128 Security arrangements

129 Building alarm details

130 Key holder arrangements

Pre-Work Checks

131 Mobile phone fully charged

Yes

No

N/A

132 Communication device tested

Yes

No

N/A

133 Check-in contact confirmed and available

Yes

No

N/A

134 Location details shared with contact

Yes

No

N/A

135 Expected return time shared

Yes

No

N/A

136 Vehicle checked if driving

Yes

No

N/A

137 Weather forecast checked

Yes

No

N/A

138 Equipment checked

Yes

No

N/A

139 PPE checked

Yes

No

N/A

140 First aid kit available

Yes

No

N/A

141 Emergency contact numbers saved in phone

Yes

No

N/A

During Work Checks

142 Regular check-ins made

Yes

No

N/A

143 Any issues reported immediately

Yes

No

N/A

144 Work area kept secure

Yes

No

N/A

145 Breaks taken as required

Yes

No

N/A

146 Conditions monitored throughout

Yes

No

N/A

Post-Work Actions

147 Final check-in made on completion

Yes

No

N/A

148 Completion time

149 Any incidents to report

Yes

No

N/A

150 Incident details

151 Incident reported to

152 Work area left secure

Yes

No

N/A

153 Equipment returned or secured

Yes

No

N/A

154 Any concerns for future lone working

Employee Declaration

155 I understand the lone working procedures *

Yes

No

N/A

156 I have received appropriate training *

Yes

No

N/A

157 I know how to contact my check-in person *

Yes

No

N/A

158 I know the emergency procedures *

Yes

No

N/A

159 I will follow the check-in schedule *

Yes

No

N/A

160 I will report any concerns immediately *

Yes

No

N/A

161 I confirm I am fit to undertake this work *

Yes

No

N/A

162 Employee signature *

Signature

163 Date *

Manager Authorisation

164 Lone working authorised *

Yes

No

N/A

165 Conditions or restrictions

166 Review date

Supporting Documents

167 Risk assessment attached

Attach file here

168 Journey plan attached

Attach file here

169 Site information attached

Attach file here

170 Other documents

Attach file here

171 Additional comments
