

lone working risk assessment

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| **Pre visit assessment**  |
| Name of person being assisted |  | Date of assessment: |  |
| Address of support location |  | Ref No. (if applicable) |  |
| Name of assessor: |  |
| Region: |  |

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| **This section to be completed prior to the visit** | **Yes** | **No** | **N/A** | **Comments** |
| Has a ‘Needs Assessment Report’ been received? |  | **\*** |  |  |
| Have you read the ‘Needs Assessment Report’ carefully? |  | **\*** |  |  |
| Will the work be carried out during daylight hours? |  | **\*** |  |  |
| Have you received Randstad Lone Working training? |  | **\*** |  |  |
| Are you able to use and fully understand the LookOut Call system? |  | **\*** |  |  |
| Are you suffering from any illness which may pose a risk if you are lone working? | **\*** |  |  |  |
| Did the ‘Needs Assessment Report’ highlight/identify any potential risks? | **\*** |  |  |  |
| *Where any answer falls into a box with a* ***\**** *it must be discussed**with your Randstad Consultant /Manager to see if the work can go ahead as a lone worker. If a* ***\**** *is overridden it must be justified below.* If all of the above is in order you may leave the next section blank and go to the risk assessment section. |
| Any other relevant information: |
| Managers comments: |
| Is the initial assistance allowed to proceed? | Yes / No | Managers signature |  |

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| **Risk assessment** (all sections must be answered, with notes where applicable) |
| **Question** | **Yes** | **No** | **N/A** | **Comments** |
| **Travelling** |  |  |  |  |
| Do the parking and route to the work location appear to be safe with good lighting? |  | **\*** |  |  |
| If using public transport is there a safe route from the station /stop to the work location with good lighting? |  | **\*** |  |  |
| Is there safe access to the entrance of the work location with good lighting and clearly visible by passersby? |  | **\*** |  |  |
| Is there any aspect of travelling to the work location and access that concerns you? | **\*** |  |  |  |
| **Fire and emergencies** |  |  |  |  |
| Are there working smoke alarms in the work location? |  | **\*** |  |  |
| Is there a safe exit route from the building in the event of an emergency? (fire, aggression etc.) |  | **\*** |  |  |
| Are walkways and access routes free from combustible material? |  | **\*** |  |  |
| Are floors and walkways free from clutter and obstructions? |  | **\*** |  |  |
| Are carpets and floor coverings in good condition and free from trip hazards (rips, bumps etc)? |  | **\*** |  |  |
| **Equipment** |  |  |  |  |
| Are there any signs of damage to electrical equipment (scorching, broken plus/sockets, exposed cables etc)? |  | **\*** |  |  |
| Are there any signs of electrical sockets being overloaded or extension leads being misused (used while wound up, linked to another extension lead etc)? |  | **\*** |  |  |
| If you are using any electrical equipment have you inspected it prior to use? |  | **\*** |  |  |
| If using Display Screen equipment (laptop, tablet etc) have you read the Randstad DSE Good Posture guidance leaflet |  | **\*** |  |  |
| **Environment** |  |  |  |  |
| Is the lighting in the work area to an acceptable standard? |  | **\*** |  |  |
| Is the work area comfortable for you and suitable for the tasks you will be carrying out? |  | **\*** |  |  |
| Is the temperature and ventilation in the room acceptable for you? |  | **\*** |  |  |
| If there are pets present, will they be removed from the work area during the visit? |  | **\*** |  |  |
| If there are smokers in the work area, are they willing to stop smoking before and during your visit? This includes the use of E-cigarettes. |  | **\*** |  |  |
| **Lone Working & Safety** |  |  |  |  |
| Do you have good Mobile Phone Reception inside the work location? |  | **\*** |  |  |
| Do you have any reason to believe that the service user is under the influence of alcohol or drugs (other than prescribed medication)? | **\*** |  |  |  |
| Are there any other safety concerns not listed above?  | **\*** |  |  |  |
| *Where any answer falls into a box with a* ***\**** *it must be discussed**with your Randstad Consultant /Manager on your return.* |
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| **Sign off** |
| Date of session |  | Time (from to) |  |
| Service user or responsible person signature |  |
| Randstad Worker signature |  | Date |  |
| **Based on the information provided are you happy to proceed with supporting this student****Yes / No** (delete as appropriate) |
| For Randstad use only: Randstad manager comments |
| Is the assistance permitted to proceed | Yes / No | Signature |  |
| Detail frequency for review (delete as applicable) | 3 months | 6 months | 12 months |
| Date for review |  |