

LONE WORK SAFETY ASSESSMENT

NB: This assessment is to be completed in conjunction with a Manager or Training Lead

DATE OF ASSESSMENT:	DETAILS OF TASK/ASSIGNMENT:	LOCATION:	ASSESSMENT CONDUCTED BY:	SIGNED OFF BY:
RISK TO LONE WORKER (tick all that applies)			RISK CONTROLS IN PLACE (tick all that applies)	
<p>Staff Attending</p> <p><input type="checkbox"/> Inexperienced worker</p> <p><input type="checkbox"/> Vulnerable worker (limited mobility, pregnancy, illness, injury)</p> <p><input type="checkbox"/> Lack of training/qualifications</p> <p><input type="checkbox"/> Other _____</p> <p>Activities Being Performed</p> <p><input type="checkbox"/> Working around horse/s</p> <p><input type="checkbox"/> Driving/training horse/s</p> <p><input type="checkbox"/> Working in stable/yard</p> <p><input type="checkbox"/> Working with powered equipment</p> <p><input type="checkbox"/> Use of chemicals/hazardous substances</p> <p><input type="checkbox"/> Heavy lifting</p> <p><input type="checkbox"/> Driving/transporting horse/s</p> <p><input type="checkbox"/> Driving motor vehicle</p> <p><input type="checkbox"/> Working outdoors</p> <p><input type="checkbox"/> Other _____</p> <p>Risks Exposed To</p> <p><input type="checkbox"/> Unrestrained horse</p> <p><input type="checkbox"/> Unrestrained animal/s (e.g., dogs, cattle)</p> <p><input type="checkbox"/> Fatigue/tiredness</p> <p><input type="checkbox"/> Bullying/harassment</p> <p><input type="checkbox"/> Working at night</p> <p><input type="checkbox"/> Social isolation (little contact with team)</p> <p><input type="checkbox"/> Traffic/moving vehicles</p> <p><input type="checkbox"/> Heavy lifting</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Machinery</p> <p><input type="checkbox"/> Poor weather conditions</p> <p><input type="checkbox"/> Other _____</p>			<p>Location</p> <p><input type="checkbox"/> Unknown premises</p> <p><input type="checkbox"/> Isolated/remote location</p> <p><input type="checkbox"/> Poorly lit area/s</p> <p><input type="checkbox"/> Stable/yard</p> <p><input type="checkbox"/> Roadside</p> <p><input type="checkbox"/> Unreliable mobile coverage</p> <p><input type="checkbox"/> Race club/track</p> <p><input type="checkbox"/> No security or alarm systems in place</p> <p><input type="checkbox"/> Premises accessible to members of the public</p> <p><input type="checkbox"/> No access to facilities (e.g. toilet, kitchen, water)</p> <p><input type="checkbox"/> Service of alcohol</p> <p><input type="checkbox"/> Other _____</p> <p>Staff Attending</p> <p><input type="checkbox"/> More than one worker to attend</p> <p><input type="checkbox"/> Use of experienced staff</p> <p><input type="checkbox"/> Staff member is adequately trained/qualified</p> <p><input type="checkbox"/> Trained in first aid</p> <p><input type="checkbox"/> Exit plan is in place should the situation become risky</p> <p><input type="checkbox"/> Emergency contact plan is in place</p> <p><input type="checkbox"/> Organised welfare text/call once activity has been completed</p> <p><input type="checkbox"/> Check in times have been agreed</p> <p><input type="checkbox"/> Other _____</p> <p>Activities Being Performed</p> <p><input type="checkbox"/> Vehicle being used is appropriate for road conditions</p> <p><input type="checkbox"/> Equipment being used is regularly serviced/maintained</p> <p><input type="checkbox"/> Lifting aids are available for heavy lifting</p> <p><input type="checkbox"/> Horse is trained/well behaved</p> <p><input type="checkbox"/> Animals are restrained</p> <p><input type="checkbox"/> Overnight accommodation provided</p> <p><input type="checkbox"/> Other _____</p> <p>Member/s of Public</p> <p><input type="checkbox"/> Have more than one staff member present during interactions</p> <p><input type="checkbox"/> Premises closed to members of the public when worker is on their own</p> <p><input type="checkbox"/> Other _____</p> <p>Location</p> <p><input type="checkbox"/> Staff is familiar with surroundings</p> <p><input type="checkbox"/> Staff have received site specific induction</p> <p><input type="checkbox"/> Appropriate personal protective equipment is available:</p> <p><input type="checkbox"/> Helmet</p> <p><input type="checkbox"/> Body protector</p> <p><input type="checkbox"/> Safety glasses/goggles</p> <p><input type="checkbox"/> Gloves</p> <p><input type="checkbox"/> Enclosed footwear</p> <p><input type="checkbox"/> Warm weather gear</p> <p><input type="checkbox"/> Sun protection</p> <p><input type="checkbox"/> Wet weather gear</p> <p><input type="checkbox"/> Torch/headlamp</p> <p><input type="checkbox"/> First aid kit</p> <p><input type="checkbox"/> Mobile/smart phone</p> <p><input type="checkbox"/> Location is monitored by CCTV</p> <p><input type="checkbox"/> Area is well lit</p> <p><input type="checkbox"/> Safety signage in place</p> <p><input type="checkbox"/> Security/Police are present</p> <p><input type="checkbox"/> Other _____</p>	
ADDITIONAL SAFETY MEASURES TO BE PUT IN PLACE (list any additional safety measures taken)				