**LONE WORKING / OUT OF HOURS WORKING RISK ASSESSMENT FORM**

(QM\_OHSD\_GA018\_Sept 2014)

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| Dept / Directorate / School / Centre - Institute Risk Assessment Reference Number: |  |
| Title of Work (Experiment / Activity / Task / Process / Operation): |  |
| Location(s) of Work: |  |
| Brief Description of Work : | |

**QMUL Health and Safety Standard and Guidance for Lone Working / Out of Hours Working** (OHSD\_GA025)

[**http://www.ohsd.qmul.ac.uk/standard/index.html**](http://www.ohsd.qmul.ac.uk/standard/index.html)

**QMUL Lone Working and Out of Hours Working FAQ Risk Assessment Guidance** **and Case Studies** (OHSD\_GA027)

[**http://www.ohsd.qmul.ac.uk/standard/index.html**](http://www.ohsd.qmul.ac.uk/standard/index.html)

**HSE micro-website on Lone Working:**

http://www.hse.gov.uk/toolbox/workers/lone.htm

**Prohibited work activities for Lone Workers and/or Out of Hours Workers include the following:**

Entry alone into confined spaces where ventilation is inadequate / oxygen can be depleted, use of unsecured ladders alone, erecting / dismantling scaffolding alone, use of certain dangerous machinery under certain specified conditions alone, work on or near live electrical conductors alone *(see section 8.2 of above Standard for full list and explanation/guidance)*

1. **Hazard identification and risk evaluation:**

Identify all hazards specific to the lone working / out of hours activity; evaluate the initial risks in terms of the likelihood of the event x the consequence (severity) (low, L / medium, M / high, H); describe existing control measures and identify any further control measures required. The residual risk should **not** remain **high**; such work must not proceed and alternative safer methods of work should be investigated. *(See section 9 of the Standard and the FAQ/Guidance Document for guidance / information on risk assessment).*

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| **Hazard Categories** | **Hazard Identification** | **Initial Risk Evaluation: *Likelihood x Consequence***  **(L / M / H)** | **Existing H&S Control Measures and**  **Cross Reference to other Applicable Risk Assessment/s (e.g. COSHH Risk Assessment, Working at Height Risk Assessment)** | **Further H&S Control Measures required for H&S during Lone Working / Out of Hours Working** | **Residual Risk After H&S Control Measures Implemented: *Likelihood x Consequence***  **(L / M / H)** |
| **Workplace Environment :** Identify hazard/s specific to the workplace  *(e.g. segregated / restricted area, room containing hazardous substances, location open to inclement weather, remote location on campus)*. |  |  |  |  |  |
| **Process and Equipment:** Identify any hazards specific to the work process and equipment. (*e.g. manual handling of equipment, operation of a lathe, handling a hazardous substance in the laboratory, working at heights, work during hours of darkness – lack of light).* |  |  |  |  |  |
| **Violence / Agression towards the lone / out of hours worker:** Identify the potential risk of violence/aggression towards the lone / out of hours worker during their work.(*e.g. handling cash in areas of risk, security patrols in areas of risk, encountering unpredictable / violent persons)* |  |  |  |  |  |
| **Specific Individual Conditions**  Specific conditions / circumstances that may increase the risks to the lone / out of hours worker*.(Sensitive or Medically Confidential data / information of an individual must* ***not*** *be disclosed explicitly in this risk assessment, see section 6.3 of the Standard for further assistance for disclosure / non-disclosure)* |  |  |  |  |  |
| **Work times / Locations:** Identify whether the lone / out of hours worker's intended work times and location would increase risk and/or create additional risks*.(e.g. shift work scheduled from 1 am – 7 am in an area of significant risk)* |  |  |  |  |  |
| **Other identified hazards:** Please specify. |  |  |  |  |  |

1. **Identify those at Risk from Lone or Out of Hours Work** *(complete A* ***or*** *B)*

**A) Persons at Risk** *(Applicable when assessing Lone Working and/or Out of Hours Risks for a Group or Team)***:**

Identify all those who may be at risk.

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| **Category** | **Name/s** | **Category** | **Name/s** |
| Staff |  | Student |  |
| Others (e.g. Contractor, Service Engineer) |  | Visitors |  |

**B) Specific Individual at Risk** *(Applicable when using this template for an Individual at Risk from Lone Working and/or Out of Hours Work)***:**

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| **Name** | **Position** | **Category** | **Summary of Specific Risk/s *(risk control measures must be identified in section 1)*** |
|  |  | **Staff / Student / Visitor / Other:** |  |

1. **Training and Monitoring / Supervision:**

Identify the level of information, instruction and training required. Consider the experience of workers for the task/activity.

Identify the level of supervision required and the monitoring procedures for health and safety during lone or out of hours working that are required.

*(See section 10 of the Standard and the FAQ/Guidance Document for guidance / information).*

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| **Training and Supervision:** | **Yes** | **No** | **N/A (explain if N/A)** | **Detail** |
| Has the necessary information, instruction and training been given to the lone / out of hours worker/s? |  |  |  |  |
| Are suitable supervision and monitoring procedures in place for the lone working or out of hours worker/s? |  |  |  |  |

1. **Emergency Procedures and First Aid / Medical Assistance for the Lone / Out of Hours Worker:**

*(See section 11 of the Standard and the FAQ/Guidance Document for guidance / information).*

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| **Emergency Procedures / First Aid or Medical Assistance:** | **Yes** | **No** | **N/A (explain if N/A)** | **Detail** |
| Has the emergency procedure and first aid / medical assistance arrangements relevant to the lone or out of hours working person and activity been put in place AND the person knows the arrangements? (*e.g. an emergency, procedure, experimental protocol or method statement with emergency procedure detail can be inserted / added to the detail column).* |  |  |  |  |

1. **Additional Information:**

Identify any other information relevant to the lone or out of hours working activity

(*e.g. an appropriate arrangement document, procedure, experimental protocol, method statement can be inserted / added below).*

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1. **Assessment carried out by:**

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| **Assessment carried out by:** |  |  |  |
| **Name:**  *(Line Manager/ Supervisor or other Competent Person)*  **Position:** |  | Date of Assessment: |  |
| Signature: |  | Next Review Date: |  |
| **Further Approval for Significant Risk Tasks / Activities** *(see section 6.1 and 6.2 of the Standard for guidance when this may be required)* | | | |
| **Name:**  *(Head of Dept / Directorate / School / Centre – Institute)*  **Position:** |  | Date of Approval: |  |
| Signature |  |

1. **Names of Person/s Involved in Lone Work / Out of Hours Work (when section 2A is completed):**

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| **Name:** | **I have read and understood the risk assessment and understand the applicable H&S controls measures.**  **Signature:** | **Date:** |
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