# Compass UK & Ireland

## Workplace Safety Management System

**Lone Workers Workplace Checklist**

*(To be completed by the Site/Unit Manager or Supervisor with the Lone Worker)*

**ES12a**

**Note** - Assessments must be reviewed every 3 years, whenever there is a significant change in the activity, and following any incident involving the activity. Risk assessments must be retained for a period of 6 years.

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| --- | --- | --- | --- |
| Unit Name and number |  | Date |  |
| Lone Worker Name |  | Job Title |  |
| Type of lone working carried out,e.g. nature of task and location where carried out |  | Checked (Please Tick) |
| 1. | Carry out an inspection of the workplace on a regular basis to make sure that the workplace is safe, and that people are working safely. |  |
| 2. | Ask yourself how would you feel working there alone – would you feel safe? |  |
| 3. | Has the lone worker been trained to do their tasks correctly and has this been recorded on their Training Record? |  |
| 4. | Check to make sure that equipment is being maintained properly and where required, records are kept of all repairs. |  |
| 5.. | Make sure Safety Data Sheets are available for all hazardous chemicals and substances used or stored on the premises |  |
| 6. | Make sure Risk Assessments of all processes and activities are available for lone workers to refer to and that Safe Systems of Work are available. Make sure you know that lone workers are fully aware of the associated risks of lone working and all safety procedures which are in place. |  |
| 7. | Periodically speak to those who work alone to find out if they have any concerns that can need to be dealt with. |  |
| 8. | Ensure the working activities/tasks don’t put the lone worker at greater risk of harm. |  |
| 9. | Discuss whether any additional arrangements are required to ensure their safety. |  |
| 10. | Make sure that you have a reliable system for contacting the lone worker and for establishing they are safe. This could be by a call-in system, tracking device, mobile phone, etc. |  |
| 11. | Does the lone worker have the appropriate PPE and is he/she trained in its use? |  |
| 12. | Consider what emergency situations could arise and make sure that the lone worker is aware of the **procedures** that are in place to deal with them***.*** |  |
| 13. | Is first aid provision available? |  |
| Site/Unit Manager | Name |  | Signature |  |
| Lone Worker | Name |  | Signature |  |

Continued overleaf

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| --- | --- | --- | --- |
| Document Name | **Lone Workers Workplace Checklist** | Document No | **WS.F.ES.12a.01** |
| Document Owner | **Workplace Safety** | Date of Issue | **July 2022** |
| Classification | **Internal Use** | Version No | **1.0** |

Page 1 of 2

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Please ensure that all actions are discussed with the lone worker employee and any comments are recorded in the table below.

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| Further comments/actions | Date actioned |
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Page 2 of 2