

SUTTON-IN-CRAVEN PARISH COUNCIL

Health & Safety Welfare - Lone Working Risk Assessment

Significant Hazard	Risk posed	Risk level without H/M/L	Precautions to be taken (controls)	Comments / future actions
Lone Working	Inability to summon Assistance	M	Carry a mobile phone at all times. To advise the clerk/colleague of location and contact at start and return of working day.	
Live Traffic	Hit by vehicle	H	Park Keeper: Not to work on live carriageway. High visibility clothing to be worn Always. No work to be conducted outside daylight hours. When working within 1.2m of the carriageway, to work facing oncoming traffic. When walking between locations continue to wear visibility clothing and follow the Highway Code.	Monitoring Near-miss reporting
Driving on the Highway RTA	Accidents/injury	H	Park Keeper to programme work to avoid excessive driving. Park Keeper to park in a safe place – off highway if possible. Mobile phone NOT TO be used whilst driving at any time. Lead Parish to check driving licence and insurance for appropriate use of vehicle for work purposes.	
Adverse Weather	Road Traffic Incident due to poor visibility/conditions	M	Park keeper to cease activity if weather is too adverse and unsafe to continue. Staff aware of risks of sunburn. Suitable PPE to be worn as required.	Flexible working arrangements. Possible hazardous activities may need to be deferred.
Water	Drowning Weil's disease (leptospirosis).	H	Do not to work in or adjacent to deep water. Wear protective clothing including gloves	
Use of hand or powered tools	Personal injury	M	Park Keeper to: Regularly maintain tools and equipment. To inspect tools before use. To ensure others are clear of operations. Not to use powered equipment unless competent and with correct Personal Protective Equipment (PPE).	Park Keeper trained in Chainsaw use and Chemical spraying.

			Training to be undertaken for Chainsaw use and chemical spraying.	
Digging or excavation work (ie Erecting Notice Boards)	Electrocution	H	Checks should be made to ensure no cables or underground apparatus in the vicinity of the works to be carried out. If in any doubt no works should be carried out.	
Waste Management/Sharps broken glass or tins/Metal	Personal injury	L	Use litter picker. Gloves to be worn.	
Manual handling	Back Injury , injury to feet and other strains and sprains	M	No items heavier than HSE guidelines to be handled. To liaise with other staff for assistance when required	Aware of Manual Handling guidance. Training.
Slipping/Tripping	Personal Injury	M	To wear safety footwear.	
Falls From Height	Personal Injury	H	All work to be carried out at ground level. No work at height to be carried out unless there is someone to assist you.	
Attack by member of the public	Personal injury	M	Always carry a mobile phone	Ensure numbers are listed on speed dial.

Working Office/Pavilion/Park premises alone	Fire:- Burns Smoke inhalation Trapped in building	M	Fire alarm call Fire action safety notices /information Extinguishers Fire doors Training for staff Fire exits kept clear Inspections Hazard reporting and corrections Adequate cleaning/waste disposal Electricity safety inc PAT Testing.	
Working Office/Pavilion/Park Premises alone	Intruder: Attack Verbal abuse Theft of property	M	Requesting assistance Phone Valuable locked up Fire precautions Post incident support	
Illness/injury/accident	No immediate access to medication assistance	M	Alert team members if able Access to phone Take medication as directed or as needed Planned inspection of workplace Reporting faults and repair process Provision of first aid box Defibrillator in park First aider Electrical safety Post incident support	
Working with public or service users	Assault Verbal abuse Threats	H	Conflict awareness Avoid conflict – use non- threatening body language Withdraw politely from situations which become inflamed Awareness of risks	

LONE WORKING INCIDENT REPORTING FORM

LONE WORKING INCIDENT REPORT	
Name	
Job Title	
Please give details of incident / cause for concern (add a separate sheet if required)	
Date the incident / cause for concern occurred	
Signed:	
Date:	
Investigation	
Carried out by:	
Please give details of investigation and findings	
Recommended Preventative Actions	
Signed:	
Date:	
Actions Taken	
<div> Please Tick As Appropriate Compassionate Leave for Employee Counselling for Employee Police Informed Accident Report Completed HSE Notified (RIDDOR) Employee Return to work interview </div>	
Signed By:	
Date:	

Point of Work Risk Assessment

LOCATION:			DATE:		
DESCRIPTION OF TASK:					
STEP 1 – Who could be harmed by the job – Please tick as appropriate					
Staff <input type="checkbox"/>		Visitors <input type="checkbox"/>		Public <input type="checkbox"/>	
				Others <input type="checkbox"/>	
STEP 2 – Identification of hazards / Control Measure & Risk Rating					
Hazard Present		Action to be taken to reduce risk		Residual risk	
Slip, trips or falls				H <input type="checkbox"/>	M <input type="checkbox"/>
Falls from heights				H <input type="checkbox"/>	M <input type="checkbox"/>
Chemicals				H <input type="checkbox"/>	M <input type="checkbox"/>
Heat / Fire/ Explosions				H <input type="checkbox"/>	M <input type="checkbox"/>
Asphyxiation				H <input type="checkbox"/>	M <input type="checkbox"/>
Asbestos				H <input type="checkbox"/>	M <input type="checkbox"/>
Manual Handling				H <input type="checkbox"/>	M <input type="checkbox"/>
Vehicles				H <input type="checkbox"/>	M <input type="checkbox"/>
Confined Spaces				H <input type="checkbox"/>	M <input type="checkbox"/>
Dust / Fumes				H <input type="checkbox"/>	M <input type="checkbox"/>
Noise				H <input type="checkbox"/>	M <input type="checkbox"/>
Vibrations				H <input type="checkbox"/>	M <input type="checkbox"/>
Electricity				H <input type="checkbox"/>	M <input type="checkbox"/>
Lone Working				H <input type="checkbox"/>	M <input type="checkbox"/>
Contamination				H <input type="checkbox"/>	M <input type="checkbox"/>
Poor Lighting				H <input type="checkbox"/>	M <input type="checkbox"/>
Temperature				H <input type="checkbox"/>	M <input type="checkbox"/>
Adverse Weather				H <input type="checkbox"/>	M <input type="checkbox"/>
Risk to others from work				H <input type="checkbox"/>	M <input type="checkbox"/>
If the residual risk remains High after control measures have been implemented, please stop and seek advice.					
STEP 3 – Pre-start checklist					
Have you done this job before?				yes	No
Do you have the right tools for the job?				yes	No
Do you have the right PPE for the job?				yes	No
STEP 4- Additional control methods required					
Hazard		Control Measures and Precautions			
			High	Med	Low
			High	Med	Low
			High	Med	Low
			High	Med	Low
			High	Med	low
This is a record of point of work survey conducted for the above job, all control measures have been put in place before I start the job.					
Staff Name:		Signature:		Date:	
STEP 5 – End of Job review					
Comments:					