WORKING ALONE RISK ASSESSMENT WORKSHEET

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| --- | --- | --- | --- | --- |
| A | B | C | D | E |
| **HAZARDS**From Table 1 | **POSSIBLE INJURY** | **LIKELIHOOD OF INCIDENT**(Table 2) | **LIKELIHOOD OF DISABLING INJURY**(Table 3) | **LIKELIHOOD OF HELP**(Table 4) |
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| TABLE 1 - HAZARDS |
| **PHYSICAL** | **BIOLOGICAL** | **CHEMICAL** | **PSYCHOLOGICAL** | **ERGONOMIC** |
| Temperature | Pests / Insects | Cleaning Products | Violence in the workplace | Repetitive Movements |
| Noise | Mould/Pollen/Dust | Flammable Materials | Stress | Extended postures (long periods of standing, sitting) |
| Indoor Air Quality | Viruses / Bacteria | Corrosive Materials | Bullying & Harassment | Pushing and Pulling |
| Working at Heights | Animals | Toxic Materials | Working Alone | Lifting heavy loads |
| Slips, Trips, and Falls | Plants | Asbestos | Cognitive Loads | Poor Lighting |
| Electrical Shock | Biohazards | Lead | Job Demands | Shift Work |
| Mobile Equipment | Blood and bodily fluids | WHMIS ot TDG Regulated materials | Unclear directions | Office Design / setup |

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| F | G |
| **RATING**(C x D x E) | **RECOMMENDED CHECK-IN INTERVAL**(Table 5) |
|
| 0 | **4 to 8 hours** |
| 0 | **4 to 8 hours** |
| 0 | **4 to 8 hours** |
| 0 | **4 to 8 hours** |

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| TABLE 2 - LIKELIHOOD OF INJURY | SCORE |
| Most likely | 10 |
| Very high likelihood | 8 |
| Quite possible, not unusual | 6 |
| Unusual, not likely | 4 |
| Remote possibility | 2 |
| Extremely remote possibility, but conceivable | 0.5 |
| Practically impossible (one in a million chance) | 0.1 |

INSTRUCTIONS FOR COMPLETING THIS WORKSHEET

* List hazards that can be found on the worksite in Column A. Suggestions can be found in Table 1.
* In column B, list any possible injury that worker could receive.
* In column C, list numerical value from Table 2 of likelihood of injury.
* In column D, list numerical value from Table 3 of how likely the possible injury will be disabling.
* In column E, list numerical value of how likely help will be available to worker from Table 4.
* The Rating in Column F and Recommended Check-in Interval will be automatically calculated for you.

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| TABLE 3 - LIKELIHOOD OF DISABLING INJURY | SCORE |
| Expected | 10 |
| Probable | 8 |
| Unusual, not expected | 6 |
| Remotely possible | 4 |
| Practically impossible | 2 |

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| TABLE 4 - LIKE LIHOOD OF HELP | SCORE |
| Almost Never | Worker is in an isolated area with no one likely to pass by or see the worker for 2 hours or more | 12 |
| Rare | Worker is working in an area where people pass by infrequently, e.g. every 30 to 60 minutes. | 8 |
| Occasionally | Worker is in an area where some people pass by regularly e.g. every 30 minutes or so. | 6 |
| Usual | Worker is not in the constant view of others, but if the worker was unexpectantly gone for any length of time, someone would notice and take action. | 4 |
| Frequently | The Worker is in an area where people pass by often enough that there is a high likelihood of witnesses. | 2 |
| Continuous | The worker is in an area surrounded by a high volume of potential witnesses | 1 |

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| SCORE | RISK LEVEL | RECOMMENDED CHECK-IN FREQUENCY |
| 250 OR Less | Low | Low Check-in Frequency (every 4 to 8 hours) |
| 251 to 400 | Moderate | Moderate Check-in Frequency (every 2 to 5 hours) |
| 401 and above | High | High Check-in Frequency (every 30 minutes to 2 hours) |

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