LONE WORKING RISK ASSESSMENT FORM



NAME OF LONE WOR	KER	DATE OF RISK ASSESSMENT		DATE OF REVIEW		
TYPE OF ACTIVITY REQUIRING LONE WORKER ASSESMENT						
NEW CONTROLS IDENTIFIED	CONTROLS IN PLACE		NEW CONTROLS IDENTIFIED	BY WHOM & BY	WHEN	DONE YES/NO
Signed by lone worker:		Signed by accountable officer:				

