

## Working Alone – Sample Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Division: \_\_\_\_\_

**Please circle the appropriate answer**

**As part of your job do you ever have to work:**

- On your own in the community?
- On your own visiting other employers' premises?
- In isolation from others at the workplace?
- In isolation from others out of doors?
- On your own at home?

|     |    |
|-----|----|
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |

|                 |  |
|-----------------|--|
| <b>Comment:</b> | If you answered 'no' to all the above questions you are not classified as a lone worker and need not complete the rest. Please return the form to your manager or SLO. |
|-----------------|--|

**If you answered yes to any of the above, do you work like this:**

- All of the time?
- Most of the time?
- Some of the time?
- At certain periods of the day or week?

|     |    |
|-----|----|
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |

|                 |  |
|-----------------|--|
| <b>Comment:</b> |  |
|-----------------|--|

**And do you work like this:**

- As a normal part of your job?
- Because of staff shortages?

|     |    |
|-----|----|
| Yes | No |
| Yes | No |

|                 |  |
|-----------------|--|
| <b>Comment:</b> |  |
|-----------------|--|

**If you work alone away from base:**

- Is your daily itinerary known at base?
- Is there a procedure for reporting in?

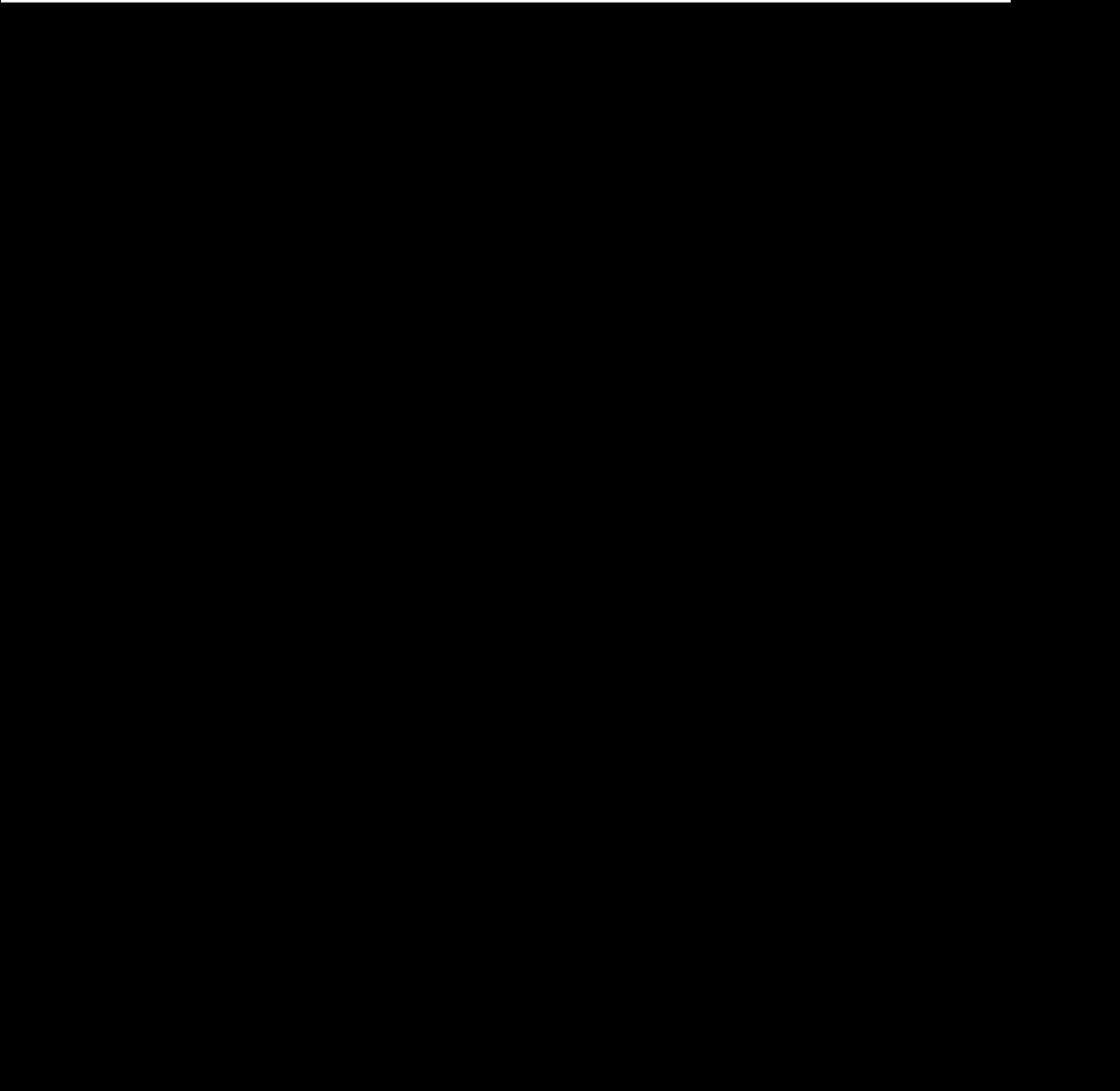
|     |    |
|-----|----|
| Yes | No |
| Yes | No |

|                 |  |
|-----------------|--|
| <b>Comment:</b> |  |
|-----------------|--|

**Have you been given information and training about the health and safety risks of your job and the preventative measures in place, for example:**

- How to lift safely?
- How to use equipment safely?
- How to use chemicals safely?

|     |     |     |
|-----|-----|-----|
| Yes | No  | N/A |
| Yes | No  | N/A |
| Yes | No  | N/A |
| No  | N/A |     |
| No  | N/A |     |



No

