

	WESTON UNDER PENYARD PARISH COUNCIL			
	RISK ASSESSMENT: Lone Working			

	Name	Title	Signature	Date
Document Author	LINDA DUNN	COUNCILLOR		

Emergency Contact Details:			
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Assessor's Name	Assessor's Signature	Persons Affected by This Risk Assessment
LINDA DUNN		SUSAN MOUNTCASTLE (PARISH COUNCIL CLERK)

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Hazard / Consequences	Control Procedures	Likelihood (a)	Severity (b)	Risk Ranking (a x b)
General injury	Personnel must be deemed competent to carry out specific duties. Personnel must work in compliance with an agreed Safe System of Work. A Contact Arrangements procedure must be in place to ensure continued monitoring between Clerk and the parish council during the time working in the hall.	1	5	5
Slips Trips and Falls: Bruising, Cuts, Broken Limbs	Caused by items left on the floor, water, oil and other slippery surface or poor footwear. The office area will be kept clean and tidy, cables will be managed so as not to cause a trip hazard All pathways for access and egress are to be kept clean and free from trip hazards at all times. Spillage of any liquid is to be removed immediately and any wet flooring correctly signed with warning.	2	3	6
Working From Step ups: Sprains, fractures	Step ups or any other form of working from a height is not permitted when working alone. A "buddy" must always be on hand to assist.	2	4	8

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Hazard / Consequences	Control Procedures	Likelihood (a)	Severity (b)	Risk Ranking (a x b)
Electrocution : Burns, Death	All portable appliances are to be PAT tested annually and recorded as such. The Parish Council must ascertain and make suitable arrangement and training.	1	5	5
Portable Electrical Appliances : Burns, Electrocution	Prior to any use of an electrical appliance a visual check is to be made by the operative for any faults such as loose plug/pins; frayed wire or discoloured sockets/plugs. All faults are to be immediately reported and equipment isolated.	1	5	5
Security	The Clerk will always have access to telephony. The parish council to ensure any lone working arrangements for emergency contact are in place.	1	5	5
Workstation Check List	Ensure a workstation check list is completed.			

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PPE Required – none required

	Likelihood		Severity		Risk Ranking = L x S
1	Highly Unlikely	1	Trivial		No Action Required (1)
2	Unlikely	2	Minor Injury		Low Priority (2 to 6)
3	Possible	3	Over 3-day Injury		Medium Priority (7 to 9)
4	Probable	4	Major Injury		High Priority (10 to 14)
5	Certain	5	Incapacity or Death		Urgent action (≥ 15)



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Sign off Sheet

I have read and understood the contents of this Risk Assessment. Anything I did not understand has been explained to me to my satisfaction. I agree to follow the Risk Assessment and understand that any instructions are provided for my safety and the safety of others.

Print Name	Signed	Date

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