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| **Site / Area:** |       | **Date of assessment:**  |  | **Risk Assessment #:** | **020RA** |
| **Completed by (name):** |       | **Signature:** |       |
| **In Consultation with** |       | **Signature:** |       |
| **Identify / describe activity, equipment, area or event you are assessing:**  | **REMOTE & ISOLATED WORK** |
| **In conjunction with this risk assessment, training / education and development of a relevant SOP may be required.** |
| **Step 1:** **Identify the hazard/s:**What do you believe are the hazards?(Refer Risk Assessment Guideline (015G)) | **Step 2: Assess the risks:**What do you believe are the risks?(Refer *Risk Assessment Guideline (015G)*) | **Step 3: Reducing the risk:**What do you believe can be done to reduce the risk?(Refer *Risk Assessment Guideline (015G)*) |
| **What could cause harm?** | **What could go wrong?** | **Controls** |
| **Driving Long Distances and / or Remote Travel**  | * Medical Condition whilst working alone
 | * Site has a procedure for remote and isolated work (refer CSHWSA # 17)
* Check [Australia's official weather forecasts & weather radar - Bureau of Meteorology (bom.gov.au)](http://www.bom.gov.au/) and [South Australian Country Fire Service - professional fire and rescue services to outer metropolitan, regional and rural South Australia. (cfs.sa.gov.au)](https://www.cfs.sa.gov.au/home/)
* Check mobile phone coverage: [Our Coverage & Rollout Maps - Telstra](https://www.telstra.com.au/coverage-networks/our-coverage); [Network Coverage Maps - Optus](https://www.optus.com.au/about/network/coverage); [Our Network Coverage & Guarantee | Vodafone Australia](https://www.vodafone.com.au/network)
* Vehicle carries water and food and fire blanket (dependant on areas of travel and times of the year)
* Workers take regular breaks when driving (every 2 hours stop and have a 15 min break)
* Regular contact is made with the person whilst travelling / working by the responsible site
* Worker informs a designated person of travel times, notifies them on arrival and departure.
* Mobile phones are used (if phone coverage is available)
* Consider the use of a Satellite Phone for remote locations
* Vehicles are maintained as per manufacturers specifications and checked prior to travel
 |
| **Medical Condition whilst working alone** | * Heart attack
* Stroke
* Diabetic complications
* Other medical conditions
* Death
 | * Site has a procedure for remote and isolated work (refer CSHWSA # 17)
* Regular contact is made with the person whilst travelling / working by the responsible site
* Worker informs a designated person of travel times, notifies them on arrival and departure.
* Mobile phones are used (if phone coverage is available)
* Consider the use of a Satellite Phone for remote locations and where there is limited mobile phone coverage
* Worker is aware of medical restrictions re: medication
* Worker is fit for duties
 |
| **Psychological*** Security (Armed hold-up and / or assault)
 | * Lacerations
* Trauma / Psychological Injury
* Muscular Skeletal Injury
* Serious injury
* Death
 | * Site has a procedure for remote and isolated work (refer CSHWSA # 17)
* Worker informs a designated person of arrival and departure.
* Doors are locked at all times
* If person is on-site longer than 2 hours, contact is made with the designated person
* Duress alarm in place that has been regularly tested (preferably linked to security company)
* Regular contact is made with the Security / Alarm provider (where in place)
 |
| **Gravity*** Slips, Trips & Falls whilst working alone
 | * Muscular Skeletal Injury
* Other serious injury
* Broken bones
* Lacerations
* Death
 | * Worker informs a designated person of arrival and departure.
* Workers do not work at heights unless a second person is present
* Spills are cleaned up immediately
* “Wet Floor” signage is used when cleaning / mopping floors
 |
| **Machinery & Equipment*** Injury from using items of plant
 | * Lacerations
* Cuts and abrasions
* Being drawn into the plant
* Amputation
* Muscular Skeletal Injury
* Other serious injury
* Death
 | * Worker informs a designated person of arrival and departure.
* Ensure equipment is maintained in accordance with manufacturer’s requirements
* First aid kit available
* Machinery & equipment not to be used with guards missing
* Electrical equipment is tested and tagged
* RCD is installed and operational
* High risk machinery & equipment is not to be used whilst working alone.
 |
| **Other** | *
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| **Authorised by:** |  | **Signature:** |  | **Date:** |  |

**Review hazard/risk assessment if task or circumstances change and at intervals appropriate to the level of risk (minimum 5 years).**

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| **Step 4: Monitor & review:**(Refer to hazard sheet)**Please tick Yes or No** |
| **Were the controls effective?** | **Were there any unforeseen hazards/ incidents?** | **New controls** |
| **Yes** | **[ ]**  | **No** | **[ ]**  | **Yes** | **[ ]**  | **No** | **[ ]**  |
| **DETAILS** | **DETAILS** | **DETAILS** |
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| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Signature:** |  | **Date:** |  |