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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:** |  |