|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Site / Area: | | |  | | | | Date of Assessment | | |  | | | | Risk Assessment # | **RA020** |
| Completed by (name) | | |  | | | | Signature | | |  | | | | | |
| In Consultation with: | | |  | | | | Signature | | |  | | | | | |
| Identify / describe activity, equipment, area or event you are assessing: | | | | | | | | | | **REMOTE & ISOLATED WORK** | | | | | |
| Authorised by: | | |  | | | | Signature: | | |  | | | | Date: |  |
| **In conjunction with this risk assessment, training / education and development of a relevant SOP may be required.** | | | | | | | | | | | | | | | |
| **Step 1:** **Identify the hazard/s / Impact:**What do you believe are the hazards? What could happen? | | | | | | **Step 2: Assess the potential risks:**  What do you believe are the risks?  How could this happen? | | | | | **Step 3: Reducing the risk:**  Template only MUST modify to site conditions  What do you believe can be done to reduce the risk?  Controls | | | | |
| **Driving Long Distances and / or Remote Travel** | | | | | | * Medical Condition whilst working alone | | | | | * Site has a procedure for remote and isolated work (refer CSaIM # 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 CSaIM # 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 CSaIM # 17). * Worker informs a designated person of arrival and departure. * Doors are always locked. * 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** | | | | | |  | | | | |  | | | | |
| **Review hazard / risk assessment if task or circumstances change & at intervals appropriate to the level of risk (minimum 5 years)** | | | | | | | | | | | | | | | |
| **Step 4: Monitor & Review:** | | | | | | | | | | | | | | | |
| Were the controls effective? | | | | | Were there any unforeseen hazards / incidents? | | | | | | | | New controls | | |
| Yes |  | No | |  | Yes | | |  | No | | |  |
|  | | | | |  | | | | | | | |  | | |