



Risk Assessment for Personnel Working Alone

Before personnel may work alone or in isolation a risk assessment must be completed. Use this risk assessment for each task, and for each person, who will be working alone. Save a copy of the completed form for your records. Review of the risk assessment should be done when there is a change to work protocols, a change in the worker's abilities, or a major incident.

A: Serious Risk of Personal Harm

An answer of 'yes' to any of the following means that personnel may not work alone.

1. Does the work involve hazardous chemicals in quantity or concentration that could cause serious injury or render the user unconscious? (I.e., concentrated acids/bases/toxins, highly volatile hazardous materials or explosive materials)
2. Does the work involve electrical shock hazards, moving large equipment, changing of compressed gas tanks, or use of liquid nitrogen in a confined space?
3. Does the work include any other activity with a reasonable risk of serious harm not listed above?
4. Is the person planning to work alone
 - a. A volunteer or other non-employee? (speak with Centre staff as these are special cases)
 - b. Missing required UBC Risk Management training courses?
 - c. At increased personal risk due to health status or communication ability? (speak with Centre staff as these are special cases)

B: Risk of Personal Harm

An answer of 'yes' to any of the following means that personnel working at this task alone must check in before commencing working alone and once work is completed, and request the service of check-ins every two hours.

1. Does the work involve hazardous materials (biological, chemical, radioisotopes, etc)?
2. Does the work involve sharps with a reasonable risk of injury?
3. Does the work involve proximity to hazardous materials, including items stored in the laboratory that could be accidentally hit or spilled during work?

C: Low Risk Activities

If none of the above apply, then the work may take place without regular check-ins. However, if working alone outside of regular work hours, personnel must sign in as per policy and call security on arrival and departure.



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CENTRE FOR BRAIN HEALTH

Personnel: _____ DATE: _____

PI or designate: _____

PROTOCOL(S)/ACTIVITIES and specific concerns:

Working alone permitted with / without (circle one) checking in every 2 hours.

Signatures:

Personnel: _____

PI/Designate _____