

COMPANYNAME

Working Alone Form

Project/Work Name: _____ Project/Work Location: _____

Date of Work: _____ Check in Person: _____

Worker Name: _____ Worker Cell/Tel: _____

Working Alone – Description of Work:

Hazards:	<input type="checkbox"/> Driving on industrial/logging roads	<input type="checkbox"/> More than 20 mins away from hospital	<input type="checkbox"/> Limited cell phone availability	<input type="checkbox"/> Bridge repair/maintenance work	<input type="checkbox"/> New or inexperienced worker	<input type="checkbox"/> Other
	<input type="checkbox"/> Working in wildlife areas	<input type="checkbox"/> Vehicle mechanical failure	<input type="checkbox"/> Unfamiliar with work area/route travelled	<input type="checkbox"/> Inadequate emergency equipment	<input type="checkbox"/> Poor weather conditions	
The following work cannot be done when a worker is alone:	<ul style="list-style-type: none">• Confined space entry;• Construction of trenches;• Use of fall arrest equipment/scaffolding systems;• Use of supplied respiratory equipment;• Machines and power tools that could cause serious injury;• Risk of drowning;• Crane Operation;• Use of vehicle and/or heavy construction equipment near overhead or underground unitalities where there is a risk of contacting the utility; and• Welding Operations where a fire watcher is required.					

If "other" please state what hazard(s):

Check -In Procedures:
