ATTACHMENT 5.02

Working Alone Plan Template

Worker's Name: _____

Worker's Phone (Office): _____

Worker's Job Title: _____

Supervisor: _____

Supervisor's Phone: _____

(Office/Other): _____

Contact Person: _____

Contact Person's Phone #(s): _____

Department: _____

Worksite (Name, Address, Location):

_____

_____

It is the responsibility of the supervisor to identify any hazardous agents or activities which arise from the conditions and circumstances of the worker's work.

IT IS STRONGLY RECOMMENDED THAT HANDLING OF HAZARDOUS SUBSTANCES OR PERFORMING HAZARDOUS ACTIVITIES BE PROHIBITED WHEN A WORKER IS WORKING ALONE.

WORK INVOLVING ENTRY INTO CONFINED SPACES MUST NEVER BE CONDUCTED ALONE.

What are the conditions or circumstances under which the employee is required to work alone:

_____

_____

_____

Types of duties to be conducted stating limitations/prohibitions:

_____

_____

_____

Identify hazardous activities the worker may perform while working alone:

Cash Handling Duties	❑	**Work With Hazardous Substances**	❑
Heavy Physical Labour	❑	**Work With Heavy Machinery**	❑
Use Ladders, Scaffolding	❑	**Work With High Electric Currents**	❑
Work With Animals	❑	**Work With Power Tools**	❑
Work At Isolated Areas	❑	**Work With Equipment Under Pressure Or Vacuum**	❑

Other activities not listed above:

_____

Personal protective equipment required:

_____

_____

Is the employee trained in the proper use of appropriate personal protective equipment and work procedures? **Yes** ❑ **No** ❑

Schedule for contacting the employee:

_____

_____

Means of communication:

_____

Plan to assist the employee in case of an emergency:

_____

_____

The working alone plan must be complied with by both the Employing Authority and the Employee. The working alone plan must be reviewed annually or more often if necessary. Records must be maintained of contact times and a check at the end of the work shift must be done.

_____ _____

SIGNATURE OF EMPLOYING AUTHORITY **SIGNATURE OF WORKER**

_____

DATE