

Working Alone or in Isolation Checklist

Designated contact: _____

Contact number: (____) _____ Alt. contact number: (____) _____

Name of employee who will be working alone: _____

Employee contact number: (____) _____ Alt. contact number: (____) _____

Emergency contact numbers: _____ (____) _____

_____ (____) _____

_____ (____) _____

Job tasks to be carried out: _____

How will you be checking in on the employee that will be working alone?

Visual ____ Radio/Cell ____ Emergency call signal ____ Other _____

How often will the employee be contacted? Once every:

15 minutes ____ 30 minutes ____ 60 minutes ____ Other _____

	Yes	No	N/A
Has a hazard assessment been conducted on this task?			
Is the employee trained in working alone procedures?			
Has the designated contact person been trained in working alone procedures?			
Is the employee aware of the risks associated with doing this job task alone?			
Was the employee, or other employees familiar with the work, involved in development of the working alone procedure?			
Has an equipment safety inspection been completed prior to operating this equipment alone?			
Have all the items that do not meet manufacturers specifications been corrected prior to operating the equipment alone?			
Is there an emergency stop switch on the equipment to be used?			

