



WORKING ALONE OR IN ISOLATION SAFE WORK PROCEDURES

FACULTY/DEPARTMENT _____

SUPERVISOR: _____ PHONE: _____ E-mail _____

WORKER'S NAME(S) and/or POSITION
CLASSIFICATION _____

Work Description _____

Hours of work / shift _____

1. Document actions taken to eliminate or reduce the hazards identified in the risk assessment.

Hazards	Actions

2. Communication System Requirements : (describe)

Radio communication _____

Phone or cellular phone _____

Other means that provides effective communication

- Regular security patrol?
- Alarm system to security services?
- Regular visit by co-workers?
- Others? Specify _____

Maintaining regular contact with the person working alone or in isolation _____

3. Identify any Prohibited Activities

4. Identify Training And Instruction Required

<ul style="list-style-type: none"><input type="checkbox"/> WHMIS<input type="checkbox"/> TDG<input type="checkbox"/> Respiratory Protection<input type="checkbox"/> Infection Control<input type="checkbox"/> Lab Safety<input type="checkbox"/> First aid & CPR<input type="checkbox"/> Fire extinguisher training<input type="checkbox"/> Health and Safety Orientation<input type="checkbox"/> Radiation Safety	<ul style="list-style-type: none"><input type="checkbox"/> Emergency Procedures<input type="checkbox"/> Supervision and Safety<input type="checkbox"/> Ladder safety<input type="checkbox"/> Other (describe)
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5. Emergency and survival supplies required for traveling/working under extreme conditions ?

6. First Aid supplies/requirements ?

SIGNATURE OF THE SUPERVISOR:

SIGNATURE OF THE WORKER(S)

SIGNATURE OF THE WORKER REPRESENTATIVE (LAHSC Worker Co-Chair)
