



**Attachment 1  
Working Alone Safety Plan**

Campus/Department: \_\_\_\_\_

Manager: \_\_\_\_\_ Date Prepared: \_\_\_\_\_

I have reviewed and assessed the risk activities and determined working alone is permitted as described in this working alone safety plan.

**Individual(s) covered by this Plan**

**Worksite location(s) where work will be performed alone and description of how it is isolated**

**Description of Work Activity/Tasks Performed While Working Alone**

**Dates/Times/Hours Working Alone is required/permitted**

**Identify the hazards with the work/tasks performed or environmental conditions that may arise and describe.**

Injury from Equipment or Chemicals	Physical Assault	Medical Emergency	Robbery
Other _____			
Describe the nature of the hazard(s) and estimated risk (L/M/H):			

**Identify any limitations or restrictions of any specific work/tasks while working alone.  
(e.g. list specific equipment or chemicals not to be used)**

**Identify Control Measures to Reduce/Eliminate/Control Hazards identified**

**Identify method(s) of communication that will be used to and describe how the worker can obtain emergency assistance if required in the event of an accident or incident. Include specific contact details.**

Telephone	Cell Phone/Text Messaging	Two-Way Radio	Email	Panic Alarm
Other _____				
To summon emergency assistance:				

**Frequency for regular communication with designated individual to ensure you are safe and do not need help.**

Contact should be made at predetermined intervals or times and may be made in person, by telephone/cell phone/text, email or any other effective means, at intervals appropriate to the nature of the hazards or the work performed. Identify how contact will be made (e.g. in-person check or using technology), by whom and the contact frequency or specific times. **Note:** Emergency response may be initiated if failure to make contact as per the frequency below.

Contact will be made using: \_\_\_\_\_

Name of person to initiate contact: \_\_\_\_\_

Contact Frequency: 1hr 2 hr 3hr 4hr Other \_\_\_\_\_

Times: \_\_\_\_\_

**Identify who will be responsible and what they will do if contact is not maintained as per the above frequency/schedule, to ensure the safety and well-being of the individual(s) working alone.**

Designated individual will check or respond immediately: Name _____ Describe _____ Security will be contacted to respond immediately: Police will be contacted (911): Other: _____
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**The location and use of applicable safety resources has been reviewed with the employee?**

(e.g. location of duress alarms, telephone, emergency intercoms, Security Blue Lights, fire alarm pull station(s), fire extinguishers, eyewash stations/emergency showers, how to obtain first aid or emergency response).

**Note:** The Manager must review this plan with their employees and ensure training has been provided prior to permitting working alone. This plan should be reviewed annually and updated as required.

- c. Department File  
Employee(s)  
Occupational Health and Safety Office (F102)