

WORKING ALONE SAFETY PLAN TEMPLATE LOW RISK ACTIVITY

NOTE: A work activity or workplace environment will be considered Low Risk if all of the following characteristics pertain:

- There is minimal Hazard with respect to the work activity and/or workplace environment;
- There are no legal, or other stated requirements, for direct supervision of the work activity and/or workplace;
- There are no requirements to follow specific safety protocols related to a designated hazard;
- There are no planned interactions with potentially harmful energy sources, materials, chemicals, prescribed substances or the general public;
- Emergency assistance is easily and readily accessible.

Name of person working alone: _____ Contact # _____

Supervisor of person working alone: _____

Location of Working Alone Activity: _____

Date work is scheduled for: _____

Start Time: _____ Finish Time: _____ Recurring _____

Describe Working Alone Task being performed

Measures taken to minimize risk – please check at least one

- Employee will be advised of numbers to contact Campus Safety and/or their direct supervisor
- Employee will advise their direct supervisor of their time of entry, expected length of stay and time of exit
- Employee will advise Campus Safety of their time of entry, expected length of stay and time of exit

NOTE:

This safety plan applies only to the individual, time, location and operation noted above and cannot be transferred to any other location or operation unless the task is an ongoing recurring low risk task. I.e. computer use in a locked office. This safety plan cannot be extended beyond the working day on which it is issued or beyond the work shift unless it meets the ongoing recurring criteria.

By signing below it is acknowledged that the Working Alone Procedures have been reviewed, understood and will be complied with.

Safety Plan issued by:

Name (print) _____ Signature _____ Date _____

Position: _____