

**WORKING ALONE SAFETY PLAN TEMPLATE MODERATE & HIGH RISK ACTIVITY**

NOTE: A work activity or workplace environment will be considered Moderate to High Risk if any of the characteristics, described in sections 5.1 or 6.1 of the Guidelines for Assessing Risk.

Examples include:

- The employee has direct interface with electrically energized machinery that poses a significant shock hazard; and/or prescribed substances or highly toxic substances that could cause critical injury or incident;
- There is elevated risk of injury posed by the need to move equipment;
- There is hazard posed by working with chemicals or stored energy which could cause injury;
- There is a hazard posed by handling of money or other valuable goods including copies of exams which have not yet been given;
- Working with hazards which require multiple and/or significant control measures to minimize risk.

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: \_\_\_\_\_

Describe Working Alone Task being performed:

\_\_\_\_\_  
\_\_\_\_\_

Measures taken to minimize risk – please confirm each requirement:

- Detailed control measures and procedures are in place to eliminate or minimize risks;
- The frequency and method of verifying the health and safety status of the employee when Working Alone has been established;
- Information has been provided regarding the appropriate safeguards and how to access emergency assistance if required.
- Use of the Buddy System has been recommended as part of the Safety Plan for Working Alone in a work activity and/or workplace environment.

**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. This safety plan cannot be extended beyond the working day on which it is issued or beyond the work shift.

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: \_\_\_\_\_