

WORKING ALONE CHECKLIST AND CONTACT FORM

Employee Name:	Job Title:
Phone Number(s) or Contact Info:	
Department:	Supervisor Name:
Location of Work Activity:	

Who is checking on the employee while they are working alone

Main Contact Name:	Phone Number:
Method Used to Contact Employee:	
When and How Often Will Employee be Contacted:	
What is the procedure if no contact can be made with the employee at the designated time(s)?	
Additional Notes:	

Circle one

A risk or hazard assessment has been completed.	YES	NO	N/A
Employee is trained on working alone procedures.	YES	NO	N/A
Employee understands the risks of working alone.	YES	NO	N/A
A safety inspection is or will be completed before operating equipment.	YES	NO	N/A
Emergency plan is in place; employee knows what to do in an emergency.	YES	NO	N/A
PPE is available and training on proper use has been completed.	YES	NO	N/A
Standard Operating Procedures (SOPs) have been provided and are understood.	YES	NO	N/A

Employee Signature:	Date:
Supervisor Signature:	Date:
Duration of Approval is from Start Date:	to End Date: