Working Alone or In Isolation Safe Work Procedure and Checklist

Definition

Alone
Working by yourself with no other people in the vicinity.

Isolation
Working in the same general area with a partner or another crew, but will not be in contact with the other person or crew for an extended amount of time: [enter company choice] hours.

Person Working Alone

- The person who will be working alone (the lone worker) must designate a contact person to check in with on a pre-planned schedule. The check in will be every [enter company choice] hours plus at end-of-shift.
- The lone worker must carry a functioning communication device, such as a satellite transceiver, two-way radio, satellite phone, cell phone or combination thereof plus the contact information for the contact person.
- The designated contact person must have a copy of this working alone procedure and any applicable ERP, contact information, locations and/or maps necessary for rescue of the lone worker.
- The designated contact person must record the time of each contact with the lone worker.
- If the lone worker fails to check in, then the contact person must initiate search procedures after [enter company choice] hours. See Missing Worker section of company Emergency Response Plan.

Person Working in Isolation

If two people are working on the same opening, or in the same immediate area, both should carry a functioning communication device and check in with each other on a predetermined schedule: [enter company choice].

If neither person has a functioning communication device then visual contact must be made on a predetermined schedule at the predetermined location: [enter company choice].

Supervisor Responsibilities

The supervisor (or in cases of one person companies, the worker) has:

1. Identified hazards to the worker
2. Managed the identified risks from hazards
3. Trained the contact person in responsibilities including emergency response.
Working Alone or In Isolation Checklist

Date(s): __________________________

Worker Name: __________________________

Working Location: __________________________

Contact Person Name: __________________________

Radio Frequency 1: __________________________

Radio Frequency 2: __________________________

Emergency Contact Type: __________________________
(family, supervisor, etc.)

Emergency Contact Phone: __________________________

Frequency of Contacts: __________________________

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