

**Appendix B
WORKING ALONE PROCEDURES**

Document all steps taken to eliminate or reduce the identified risks:

FACULTY/DEPARTMENT _____

WORKING HOURS _____

*The steps taken **must** include the establishment of an effective communication system that consists of:*

A. Effective communication:

- Radio communication;
 - A phone or cellular phone;
 - Any other means that provides effective communication commensurate with the risk involved;
- or
- Maintaining regular contact with the person working alone.

If applicable include any of the following:

B. Providing

- written instructions stating limitations

and/or

- prohibitions of specific activities while working alone

C. Providing sufficient training and instruction for safe work practices and ensuring minimum standards of competence applicable to the situation

- WHMIS
- TDG
- Respiratory Protection
- Infection Control
- Lab Safety
- First aid & CPR
- Confined Space Entry
- Field Safety
- Fire extinguisher training
- Safety and health Orientation
- Radiation Safety
- Emergency Procedures
- Supervision and Safety
- Ladder safety
- Other _____

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D. Providing applicable personal protective equipment (PPE)

- Eye protection
- Hard protection
- Respiratory protection
- Lead protection
- Skin protection
- Footwear
- Hearing protection
- Fall protection
- Other _____

E. Providing emergency and survival supplies for working under extreme conditions

F. Specify emergency response procedures to be employed if required for the situation and duration of the time for which this form applies:

It is mandatory that *the supervisor provides site-specific orientation.* (Employees must also attend *generic safety training* courses offered through Learning and Development.) If, in the opinion of the supervisor, *additional site-specific safety training* is required, please indicate the type of training and the person responsible for providing additional safety training. Contact Environmental Health & Safety Services for assistance.

SITE SPECIFIC ORIENTATION DATE: _____

SITE SPECIFIC SAFETY TRAINING DATE: _____

SIGNATURE OF THE SUPERVISOR: _____

SIGNATURE OF THE DESIGNATED EMPLOYEE: _____