



Working Alone Code of Practice

Form/ Formulaire #472
Rev. 2020-02

An employee “working alone” at a workplace or worksite, working in circumstances where help is not readily available in the event of an injury, ill health or emergency, the following code of practice must be completed.

Employee Name: _____ Contact number (phone or radio): _____

Address/ location of work _____

Supervisor name: _____ Contact number _____

The nature of the work:

Identification of the possible hazards / risks	Controls in place

Designated to check on employee (Contact person) _____

Date: _____ Hours begin _____ Hours end _____

Scheduled check-in points:

Time: _____ Made Contact Yes No
 Time: _____ Made Contact Yes No
 Time: _____ Made Contact Yes No
 Time: _____ Made Contact Yes No

Time: _____ Made Contact Yes No
 Time: _____ Made Contact Yes No
 Time: _____ Made Contact Yes No
 Time: _____ Made Contact Yes No

If you cannot reach the employee or they do not respond within _____ minutes. Contact person must call supervisor if the employee does not check-in or if there is a workplace incident.