

Appendix A: Working Alone Checklist

Working Alone Checklist		
Employee Name: _____	Date: _____	
Contact Details: _____		
Contact Phone Number(s): _____		
Emergency Phone Numbers: _____		
Department: _____	Supervisor Name: _____	
Name and Contact Info. for Person checking on employee: _____		
Method to be used for checking on employee: _____		
Intervals the employee will be contacted: _____		
Location of Activity: _____		
Has a risk assessment (must be attached) been conducted for this task?	YES	NO
Is the employee trained in working alone procedures?	YES	NO
Is the employee aware of all risks associated with the task?	YES	NO
Has a safety inspection been completed prior to operating any equipment?	YES	NO
Have emergency plans been discussed?	YES	NO
Is Personal Protective Equipment (PPE) and training on proper use available?	YES	NO
Have Standard Operating Procedures (SOPs) been provided and discussed?	YES	NO
Have additional controls been put in place during this task/activity?	YES	NO
Communication Arrangements: _____		
Action to be taken if contact is not made in accordance with above schedule: _____		
<p>Declaration:</p> <p>I, _____ am aware and agree to abide by all The Ohio State University and other applicable procedures when working outside normal business hours, and/or working alone, and/or in isolation. I agree to abide by any additional requirements as listed in the attached risk assessment for this activity.</p>		
Signature of Employee: _____	Date: _____	
Signature of Supervisor: _____	Date: _____	
Duration of Approval: From _____	To _____	