



10. Working Alone or in Isolation Form

Date of procedure: _____ Employee's name: _____

Detail of task and location: _____

Potential hazards and methods of mitigation associated with task:

Control Methods

Planned times of work: **Start** _____ **End** _____

Contact method: _____

Contact with employee shall be every: _____

Recorded actual time intervals:

Time: _____ **Time:** _____ **Time:** _____ **Time:** _____ **Time:** _____

Work Concluded contact: **Time:** _____

If contact with the employee is not established at the agreed upon time, the manager or designate shall continuously try to contact the employee for a maximum of **Ten Minutes**.

If there is no contact within that period the manager or designate shall immediately attend the location of the employee working alone to determine the worker's well-being and to take appropriate control measures.

Employee: _____ **Date:** _____

Manager or Designee: _____ **Date:** _____