

Employee Information

Employee Name:	_____			Date:	_____
Contact Details:	_____			Alt. Contact #:	_____
Department:	_____				
Supervisor Name:	_____				
Name of contact checking on employee:	_____			Phone Number:	_____
Method to be used for checking on employee:	Visual <input type="checkbox"/>	Radio/Cell <input type="checkbox"/>	Emergency call Signal <input type="checkbox"/>	Other: _____	
Intervals the employee will be contacted:	15 min <input type="checkbox"/>	30 min <input type="checkbox"/>	60 min <input type="checkbox"/>	Other: _____	
Location of Activity:	_____				
Job tasks:	_____				

Mandatory

Has a risk assessment been conducted for this task?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If no why not? _____			
Is the employee trained in working alone procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is the employee aware of all risks associated with the task?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Have emergency plans been discussed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is Personal Protective Equipment (PPE) and training on proper use available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Have safe work procedures (SWPs) been provided and discussed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Have additional controls been put in place during this task/activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Action to be taken if contact is not made in accordance with the above schedule:

Declaration:

I, _____ am aware of and agree to abide by all the Pembina Trails SD 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 listed in the risk assessment for this activity above.

Signature of Employee:	_____	Date:	_____
Signature of Supervisor:	_____	Date:	_____
Duration of Approval	From _____	To:	_____

Working Alone Plan