Safety Checklist for Lone Workers Working Alone



SAFETY CHECKLIST FOR LONE WORKERS WORKING ALONE

Instructions: Complete this Checklist before assigning a worker to work alone in a dangerous or isolated situation.

Yes	No	NA	Risk Identification and Control
			Full name/address of location and nearest emergency services. Address: ———————————————————————————————————
			Emergency services:,
			Is there safe access in and out of the work site'
			Risk assessment completed and hazards (both present and possible) identified for the job/task and the environment/location.

			Does work involve:
			[] Use of hazardous substances
			[] Working at heights
			[] Manual materials handling
			[] Radiation or lasers
			[] Gas, electricity, water
			<pre>[] Moving parts [] Sharps, needles, power/hand tools</pre>
			Clear instructions of job/task to be completed.
			Instructions and discussion of hazards and how to eliminate, minimize, protect against.
			Security procedures specific to location discussed.
			Lone worker has received first aid training.
			First aid kit stocked and available.
Yes	No	NA	Communication and Monitoring
			· · · · · · · · · · · · · · · · · · ·
			Overall physical and mental state of worker is such that they can safely perform their job. (cold, headache, any meds being taken 'both OTC and RX, etc.)
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			such that they can safely perform their job. (cold, headache, any meds being taken 'both OTC and RX, etc.) Communication methods established, explained, and operational. Check-in times established and agreed upon by
			such that they can safely perform their job. (cold, headache, any meds being taken 'both OTC and RX, etc.) Communication methods established, explained, and operational. Check-in times established and agreed upon by supervisor and employee. Monitoring device, if provided, fully
			such that they can safely perform their job. (cold, headache, any meds being taken 'both OTC and RX, etc.) Communication methods established, explained, and operational. Check-in times established and agreed upon by supervisor and employee. Monitoring device, if provided, fully charged/functional and on worker. Worker knows who to contact in an emergency (aside

			Expected Start Time:
			Expected Stop Time:
			Any visitors expected at the location' Name/s:,,
			Contact info:,
Yes	No	NA	PPE and Equipment
			List PPE required and on site:
			
			Necessary tools on site and in good condition.
			
			Vehicle and equipment inspected and in safe working condition.
			<u> </u>
Supe Work		or: 	
Date	:		