WORKING ALONE CHECK-IN RECORD

DATE:	
WORKER NAME:	**WORKSITE:**
SUPERVISOR/CHECK-IN DESIGNATE:	
START TIME OF WORKING ALONE OR IN ISOLATION:	**COMMUNICATION METHOD** Please Select
END TIME OF WORKING ALONE OR IN ISOLATION:	
HAZARD(S) ASSOCIATED WITH WORKSITE:	

CHECK-IN INTERVAL: 30 minutes ☐ 45 minutes ☐ 60 minutes ☐ 90 minutes ☐ Other ☐

DATE	CHECK-IN TIME	METHOD OF COMMUNICATION	SUPERVISOR/ DESIGNATE INITIALS	COMMENTS