

WORKING ALONE INFORMATION FORM

GENERAL INFORMATION

WORKER NAME:

WORKER TITLE:

DATE:

TIME:

CHECK-IN PHONE NUMBER:

MOBILE OFFICE HOME

SUPERVISOR/CHECK-IN DESIGNATE:

CHECK-IN PHONE NUMBER:

MOBILE OFFICE HOME

HAZARD(S) ASSOCIATED WITH WORKSITE:

METHOD OF COMMUNICATION

- IN-PERSON / VISUAL CHECK-IN
- VERBAL BY TELEPHONE - SEE ABOVE FOR PHONE NUMBERS
- TEXT MESSAGE BY MOBILE PHONE - SEE ABOVE FOR PHONE NUMBERS
- VERBAL BY TWO-WAY RADIO
- OTHER METHOD (SPECIFY)

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

WORKSITE INFORMATION

AREA / DEPARTMENT:

YES

NO

ACCESS CONTROL - Lock doors when working alone inside premises?

SECURITY OR SURVEILLANCE CAMERA AVAILABLE?

ALARM SYSTEM?

SAFE AREA OF REFUGE - Lockable office/room inside?

EMERGENCY CONTACT INFORMATION

CONTACT NAME:

RELATIONSHIP:

EMERGENCY CONTACT PHONE NUMBER:

MOBILE OFFICE HOME

ALTERNATE PHONE NUMBER:

MOBILE OFFICE HOME