

**Appendix A  
WORKING ALONE  
RISK IDENTIFICATION/LIMITATION FORM**

FACULTY/DEPARTMENT: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

**It is the responsibility of the supervisor to identify any hazardous agents or activities that arise from the conditions and circumstances of the employee's work.**

**IT IS STRONGLY RECOMMENDED THAT THE HANDLING OF HAZARDOUS SUBSTANCES OR PERFORMING HAZARDOUS ACTIVITIES BE PROHIBITED WHEN AN EMPLOYEE IS WORKING ALONE OR IN ISOLATION.**

**Identify hazardous substances the worker may handle while working alone:**

- LAB CHEMICALS
- HERBI/PESTI-CIDES
- PRESSURIZED GASES
- PATHOGENS
- HAZARDOUS WASTE
- INDUSTRIAL CHEMICALS
- INFECTIOUS AGENTS
- LIQUID GASES
- NUCLEAR/RADIOACTIVE SUBSTANCES
- LASERS
- NONE

OTHER SUBSTANCES NOT LISTED ABOVE:

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**Note: Employee must be trained in WHMIS and competent in safely handling the above mentioned substances. Current Material Safety Data Sheets for each hazardous material must be attached to this form.**

**(Form Continues on next page)**

**Identify hazardous activities the employee may perform while working alone:**

- HEAVY PHYSICAL LABOUR
- WORK WITH POWER TOOLS
- USE LADDERS, SCAFFOLDING OR WORKING AT HEIGHTS
- WORK WITH ANIMALS
- WORK WITH HEAVY MACHINERY
- WEATHER CONDITIONS
- WORK WITH HIGH ELECTRIC CURRENTS
- JOB DUTIES OCCUR IN ISOLATED LOCATIONS
- WORK WITH EQUIPMENT UNDER PRESSURE OR VACUUM
- JOB DUTIES POSE INCREASED RISK
- ENTER CONFINED WORKSPACE
- JOB DUTIES OUTSIDE OF NORMAL WORK HOURS
- NONE

OTHER ACTIVITIES NOT LISTED ABOVE:

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**Appendix B  
WORKING ALONE PROCEDURES**

**Document all steps taken to eliminate or reduce the identified risks:**

FACULTY/DEPARTMENT \_\_\_\_\_

WORKING HOURS \_\_\_\_\_

*The steps taken **must** include the establishment of an effective communication system that consists of:*

**A. Effective communication:**

- Radio communication;
- A phone or cellular phone;
- Any other means that provides effective communication commensurate with the risk involved;

or

- Maintaining regular contact with the person working alone.

**If applicable** include any of the following:

**B. Providing**

- written instructions stating limitations

and/or

- prohibitions of specific activities while working alone

**C. Providing sufficient training and instruction for safe work practices and ensuring minimum standards of competence applicable to the situation**

- WHMIS
- TDG
- Respiratory Protection
- Infection Control
- Lab Safety
- First aid & CPR
- Confined Space Entry
- Field Safety
- Fire extinguisher training
- Safety and health Orientation
- Radiation Safety
- Emergency Procedures
- Supervision and Safety
- Ladder safety
- Other \_\_\_\_\_

**(continued on next page)**

**D. Providing applicable personal protective equipment (PPE)**

- Eye protection
- Hard protection
- Respiratory protection
- Lead protection
- Skin protection
- Footwear
- Hearing protection
- Fall protection
- Other \_\_\_\_\_

**E. Providing emergency and survival supplies for working under extreme conditions**

\_\_\_\_\_

**F. Specify emergency response procedures to be employed if required for the situation and duration of the time for which this form applies:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**It is mandatory that *the supervisor provides site-specific orientation.* (Employees must also attend *generic safety training* courses offered through Learning and Development.) If, in the opinion of the supervisor, *additional site-specific safety training* is required, please indicate the type of training and the person responsible for providing additional safety training. Contact Environmental Health & Safety Services for assistance.**

\_\_\_\_\_  
\_\_\_\_\_

SITE SPECIFIC ORIENTATION DATE: \_\_\_\_\_

SITE SPECIFIC SAFETY TRAINING DATE: \_\_\_\_\_

SIGNATURE OF THE SUPERVISOR: \_\_\_\_\_

SIGNATURE OF THE DESIGNATED EMPLOYEE: \_\_\_\_\_