

## Working Alone Check-in Contact Form

## Please save form and open with Adobe to complete.

**Supervisor / Designate Instructions:** As per the Working Alone Check-in Procedure, please document all check-in dates and times for an employee that is working alone including the start and end times of the working alone situation. Ensure your completed form is dated, signed and saved before starting a new form. Please retain saved forms for compliance purposes.

Employee Name				Position		
Campus/Building				Supervisor Name		
	Charle in Time	Contact	1		1	
Date	Check-in Time (specify am/pm	Contact Made	Initials		Notes	
(yyyy-mm-dd)	format 8:00 am)	Yes/No				
	-					
					+	
					1	
Please note, t	his form will be locked	d for editing v	<mark>vhen su</mark>	perv	v <mark>isor signature is applied.</mark>	
	Date					