



# Working Alone Check-in Procedure

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

This document describes the procedure to be followed to check and ensure the health and safety of employees who work alone or in isolation, and in which assistance may not be readily available in the event of an emergency, injury or illness.

<b>Employee Name</b>	<b>Position</b>
<b>Campus/Building</b>	<b>Supervisor Name</b>

**Nature of Working Alone Situation:**

**Location of Working Alone Situation (e.g. office room number, telework street address, etc.):**

## CHECK-IN METHOD

Employee will contact the supervisor

Supervisor will contact the employee

Other (describe):

## CONTACT METHOD

Supervisor to record contact with employee using the [Working Alone Contact Form](#).

Email

Employee's email:

Supervisor's email:

By phone or text

Employee's phone #:

Supervisor's phone #:

In person (describe how):

## FREQUENCY OF CHECK-IN

Contact must be made at the start and end of a working alone situation as well as one point in between (usually mid day) for low risk environments. Please refer to HREC form to view level of risk to determine if additional check-ins are necessary.

Start time:

Mid point time:

End time:

List additional check in times if required based on HREC form:

## EMERGENCY RESPONSE

1. If able, employee to contact emergency services/911 to summon emergency assistance in the event of an injury/incident.
2. If employee missed check-in time, must attempt to establish contact **within five (5) minutes**.
3. If contact is not established, a second attempt must be made **within the next five (5) minutes**.
4. If contact is unsuccessful, an emergency escalation protocol must be initiated.

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### Escalation Protocol:

Supervisor or supervisor's designate to initiate emergency escalation protocol.

**Step 1:** Call somebody from near-by location (if applicable) to check on the employee.

If unsuccessful, proceed to Step 2:

**Step 2:** Contact Other (provide name and number):

"Other" to be decided between the employee and the supervisor. Please ensure your "other" contact and your supervisor have each other's contact information.

If unsuccessful, proceed to Step 3:

**Step 3:** Contact emergency services.

Identify who is responsible to contact emergency services and request assistance at the employee's location:

Supervisor

Designate

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## EMPLOYEE/EMPLOYER AGREEMENT

CNA's **Hazard Recognition, Evaluation and Control (HREC) Form** has been completed to assess the risks of this employee's working alone situation. All hazard controls have been implemented.

The location and use of applicable safety resources has been reviewed with the employee (e.g., location of duress alarms, telephone, emergency intercoms, fire alarm station(s), fire extinguishers, eyewash stations/emergency showers, how to obtain first aid or emergency response).

This check-in procedure has been developed in consultation with the employee assigned to work alone or in isolation (may also include consultation with the OHS Committee, the Worker Health and Safety Representative, or Workplace Health and Safety Designate).

This check-in procedure **will be reviewed annually and updated as required**.

I have read and understand the Working Alone Procedure, HR-405-PR-5. I agree to the conditions outlined in this procedure.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

Please note, this form will be locked for editing when supervisor signature is applied.

\_\_\_\_\_  
Supervisor signature

\_\_\_\_\_  
Date

cc Department file, Employee, OHS Department