

## **Working Alone Communication Plan**

Employees who work alone in buildings must have a pre-determined Communication Plan with their supervisors.

Employee Name:	Employee #:
Site/Location:	Job/Position:
Checklist:	
Have you done a Hazard Assessment with your Supervisor?	Yes No No
Have you read the Alberta OH&S guidelines (on website) for wo	orking alone? Yes No No
What are your primary hazards when working alone?	
Site Information:	
What hours are you permitted to be at your site outside of regu	lar hours? N/A
Are the doors automatically locked?	Times?
How do you identify if others are permitted to be in the site or it	f they are intruders?
If there are others alone in the building, do you have a plan to a leaving the premises?	heck-in and let each other know when you are
Communication Plan:	
Do you have access to a telephone? (Can be personal cell phone or	
Describe: Phone Numb	per:
What if your cell phone battery is dead?  Describe Plan:	
Who are you checking in with while working alone to ensure you as the supervisor agrees).	
Name:	Phone number:
If your check-in person cannot reach you, who do they contact fin Name:	rst at EICS? (Ensure this person is aware)  Phone number:
If you are injured at work while alone, who should you contact?	
Name:	Phone number:
If you need transport to a medical facility who do you contact? (	In emergency call 911)
In the situation of an unexpected intruder who do you call?	
Contact Information:	
Supervisor Contact Number:	
In case of an emergency call 911, pull fire alarm	, or leave building and call for help.
Employee Signature:	Date:
Supervisor Signature:	Date:

## Reference:

• AP404 Working Alone