

Working Alone Safety Plan

Working alone can increase the risk of injury and delay the response of emergency services should an incident occur, and as such should be eliminated whenever possible. However, the University acknowledges that there may be circumstances where working alone is required to support ongoing research and operational activities.

Please refer to the Working Alone Safety Guidelines document to confirm High Risk activities that are prohibited when working alone.

Supervisor / Principal Investigator (PI) Contact Information

Name	
Department	
Work Phone	
Home / Cell Phone	
Email	

Activity Description / Overview

Activity Duration	
Location(s)	
Activity / Project Description	

Activity / Project Participants

Name	Position	Participation Information

Procedure

Activity Risk Registry:

Once a Working Alone Risk Assessment is complete, transfer the information from the Specific Workplace Activities & Hazards column and the Mitigation Measures column from the Working Alone Risk Assessment Post-Controls table to the Department-Specific Working Alone Activity Registry (below) and share with all parties within the department / lab / research team who may find themselves working alone at times.

Department-Specific Working Alone Activity Risk Registry

Specific Workplace Activities & Hazards	Mitigation Measures
High Risk (Identify high risk activities here)	Working alone is prohibited as per applicable regulations and / or university practices.
Moderate Risk (Identify moderate risk activities here)	
Low Risk (Identify low risk activities here)	

Check-In:

Moderate Risk Activities: employees should complete periodic check-ins with either their Supervisor, Principal Investigator, or a responsible colleague via the method agreed upon with their supervisor.

Suggested methods for conducting check-ins are listed below, however Supervisors and Workers are free to develop their own check-in methods if all parties involved are in agreement and understand / have access to the check-in system.

- [TrentU Safety App:](#)
 - Worker to check-in every _____ minutes
 - The WorkAlone function of the TrentU Safety App will automatically check in on workers when activated and can automatically trigger a call to a Personal Contact or Campus Security if the worker fails to check in at the pre-determined time.
- Worker to contact Supervisor / Principal Investigator / Responsible Colleague directly .
 - Worker to check-in every _____ minutes via:
 - Check-In Person: _____
 - Phone Number: _____
 - E-mail: _____
- Other Check-In Method:

Low-Risk Activities: Supervisor and worker to use their discretion and may want to initiate less frequent check-ins or check-out only, via the chosen method agreed upon by the Supervisor and Worker.

- [TrentU Safety App:](#)
 - Worker to check-in every _____ minutes
- Worker to contact Supervisor / Principal Investigator / Responsible Colleague directly .
 - Worker to check-in every _____ minutes via:
 - Check-In Person: _____
 - Phone Number: _____
 - E-mail: _____
- Other Check-In Method:

Security

(Identify any department-specific security or after-hours information here)

Emergency Response Plan

Report emergencies immediately to 911 (for life threatening situations), or Campus Security (for non-life threatening situations) at 705-748-1333 x 1333 (Peterborough) or 905-435-5111 (Durham).

List the emergency response plans in place for the Working Alone Activities, including emergency contact information, response procedures, and any emergency response equipment (i.e. eyewash stations).

Emergency	Procedures
Missed check-in	(Identify chain of command and actions to take place when an employee working alone misses their check-in call)
Medical	
Fire	

Chemical or Biohazard Spill	
Other	

Acknowledgements:

Complete the Supervisor and Worker acknowledgements below.

Supervisor Acknowledgement

By signing below, the supervisor acknowledges that they understand the materials provided as linked guidance and will follow and enforce the guidance within this plan.

Date	Name (Printed)	Signature

Worker acknowledgements

All workers who have been permitted to work alone must sign this document below indicating they have read, understand and will follow the guidance in this plan.

Date	Name (Printed)	Signature