

## EXAMPLE WRITTEN PROCEDURES FOR WORKING ALONE (Sample)

Written Procedures for Working Alone for \_\_\_\_\_ Branch/Program

1. (Name of Employee) will be working alone at (location) between the hours of \_\_\_\_\_ am/pm and \_\_\_\_\_ am/pm on the following days of the week: (list days).
2. (Name of supervisor, building security, etc) is responsible for checking on the above-noted employee at these set intervals:
  - a. (list times – e.g., every 2 hours at 3:00 am, 5:00 am, 7:00 am and at end of shift, etc)
  - b. All contacts are to be recorded in the appropriate logbook.
3. Method of contact will be by (cell phone/email/face to face contact, etc.).
4. If the worker cannot be reached or does not respond within (XX minutes), the designated contact person will arrange for face to face contact to be made with the employee by (e.g., driving to the office, calling a neighbouring office, security, police).
5. If the worker encounters an unsafe situation while working alone, the worker is to immediately alert the designated contact person (Telephone # \_\_\_\_\_) and, if deemed necessary, the police (911 from work or home).
6. As part of the worker's orientation, the Supervisor will review these procedures and provide copies to the worker and the designated contact person before the worker commences working alone.
7. Working alone procedures developed for this work location will be reviewed at least annually or more frequently if there is a change in work arrangements affecting the worker's well being or, if the reporting system is not working effectively. The worker and/or the designated contact person are expected to inform the supervisor of any concerns they may have with the reporting system.
8. Signatures: The following persons have agreed to the above procedures

\_\_\_\_\_  
Signature of Worker/Date

\_\_\_\_\_  
Signature of Designated Contact Person/Date

\_\_\_\_\_  
Signature of Supervisor Date