

	Working Alone Agreement Hinds Safety Form	Doc. #:	HS-14-F-029
		Issue Date:	05-Mar-2018
		Rev. Date:	30-Mar-2019
		Rev.#	01

Project Name:		Project #:	
Employee Name:		Employee Phone:	
Designate Contact Name:		Date of Procedure:	
<i>Designated Contact Person</i>			

Detail of task and location while working alone: _____

Potential hazards associated with task: _____

Employee Travel Plan: _____

Control Methods											
Hinds Safety Designated Contact Name and Phone Number:											
Time of working Alone procedure				Start				End			
Phone contact with employee shall be every:								Initiated by:			
Record of contact with employee to be documented on this procedure											
Time		Time		Time		Time		Time		Time	
Emergency Procedure											

- Ⓜ Both the Employee and Supervisor/Designated Contact (co-worker) shall keep a copy of this procedure and ensure they are accessible at their stated phone number.
- Ⓜ If contact with the employee is not established at the agreed upon time, the contact shall call back immediately, if no response again; emergency protocol will be put into effect.
- Ⓜ If no contact after the ten minutes, the Supervisor/Designated Contact shall immediately attend the location of the employee working alone to determine the worker's wellbeing and to take put in place appropriate control measures as required.

Implementation of the Procedure

Both the Worker and Supervisor/Designated Contact verify that each understand this procedure. Failure of either party to fulfill their responsibilities as stated shall be deemed in serious breach of company policy and violations will be dealt with accordingly.

Acknowledgements and Signatures:

My supervisor has explained to me the working alone procedure developed for my work location. I understand this procedure is for my well-being and will co-operate with the check-ups initiated by my supervisor/ the designated contact person.

Signature of Hinds Safety Employee Working Alone	Date

I have explained the working alone procedure to the worker. I understand this procedure and agree to regularly check on the employee's well-being as directed above.

Signature of Hinds Safety Management Designated Contact person	Date