

PURPOSE/APPLICATION

To ensure that workers who are required to work and/or travel alone have an effective means of communication. To “work alone” means to work by oneself at a worksite in circumstances where assistance is not readily available (including from other companies’ employees or the general public) in the event of an injury, illness or emergency.

PPE

- Strike minimum requirements
- Personal gas monitor (As required)
- Weather specific clothing
- Seatbelt
- Task specific PPE

TRAINING

- Workers shall be trained on this document, checklist and log
- Training specific to the task (e.g. Journeyman Mechanic, H₂S alive, equipment specific (chain saw, bobcat))

ADDITIONAL ITEMS

- Working alone checklist (CF-S-74)
- Working alone log
- Wildlife kit
- Task specific procedures or practices
- Communication device (satellite phone, cell phone, radio, etc.)
- Emergency response plan
- First aid kit
- Roadside survival kit

HAZARDS & CONCERNS

- Traffic
- Weather
- Wildlife
- Mechanical failure
- Becoming lost
- Medical condition
- Violence
- Road conditions
- Atmospheric hazards
- Cellular dead zones

Prior to working alone

- Complete Strike’s working alone checklist to verify that working alone can proceed.
- Determine which check-in protocol to use (Supervisor/Dispatcher, Call center, Lone worker device).
- The worker prior to starting the job will complete a HIAC to determine hazards and appropriate controls for those hazards. The identified tasks and hazards will determine the length of time between check-ins (e.g. for field mechanic the recommended check-in frequency is one hour). Document this frequency on the lone worker checklist, HIAC form, and log.

Working Alone Communication Procedure

- The worker will check in with either the supervisor, dispatcher, call center, etc. who will assume the duties of the designated contact person. Arrangements must be made and agreed upon and entered onto the log and working alone checklist.
- The employee will provide the designated contact person with the following information:
 - Name
 - Scope of the work
 - Contact number (cell) and vehicle unit number
 - Location of the job
 - Approximate length of the job
 - Time of the next check-in
 - Supervisor name and phone number
- The designated contact person will document the information on the working alone log and continue check-ins as required.
- The check-in procedure continues until the worker who is working alone notifies the designated contact person that the job is complete and/or they are no longer classified as working alone.

Working alone Devices (cell phone apps, GPS tracker, etc.)

- The worker must use the device as per the manufacturer's specifications.
- Each business unit will set up the device to communicate with the designated contact person as per the device's built-in protocols.

Emergency Procedures

The designated contact person will monitor for check-ins from the worker at the time indicated. If a worker does not perform this check in 5 minutes after the time of check in, the designated contact person will document the time on their working alone log and initiate the emergency procedures.

1. Call the overdue worker directly. Document the time
2. If no contact is made, call the worker's supervisor
3. If the supervisor cannot contact the worker:
 - a) Continue attempts to contact the overdue worker by phone, cellular phone, satellite phone or radio
 - b) Have the route driven in an attempt to trace the worker (the working alone procedure must be followed for the second worker)
 - c) Have the worksite searched in an attempt to locate the worker
 - d) Request assistance from industry workers in the area identified to initiate a search
 - e) Call local hospital(s) to establish whether an injured person has been admitted
 - f) Notify the local police or RCMP of circumstances and request assistance

	WORKING ALONE CHECKLIST	CF-S-74
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Customer/Representative: _____ / _____ Date: _____

Worksite location/directions: _____ Unit/plate # _____

Scope of Work: _____ Length of job: _____

All QUESTIONS MUST BE ANSWERED YES TO PROCEED WITH ANY LONE WORK

Am I qualified and trained to complete this task?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have I assessed the hazards of the work I am going to do? (HIAC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have I implemented controls for each identified hazard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have I identified a safe work practice/procedure/manual for the work I am about to perform (Strike or Client)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can I perform this work safely on my own?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have my tools and equipment been inspected and in good working condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is an emergency response plan in place?		
Do I have adequate first aid supplies and emergency equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do I have an adequate communication device (i.e. satellite phone, lone worker device, cell phone, or radio)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have I initiated a lone worker call-in procedure as per Strike's working alone Traveling alone safe work practice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I know who my designated contact person is?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I know their number?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I know the duration of the work planned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I know what my check-in times are?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Worker: _____ Signature: _____ Date: _____

Designated contact person: _____ Number: _____

Communication Cell Phone 2-Way Radio CB Radio Satellite Land line Other: _____

Device Used:

Check in interval? 15 min 30 min 1 hrs 2 hrs Other: _____

The worker is responsible to call back to their designated contact person within the agreed time. If this is not done, the designated contact person shall attempt to contact the worker. If contact cannot be established promptly, the designated contact person shall then attempt to contact any Strike workers that may be in close proximity to the site for assistance. If this fails a Strike supervisor or alternate emergency personnel as outlined in the Emergency Response Plan (one must be in place), shall travel to the work site to verify the safety of the worker. The worker must call the designated contact person when their job is done, and when they have safely returned to their final destination.

	LONE WORKER LOG	CF-S-75
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Name of : _____
Customer/Client Representative
Workers Supervisor

Contact Number: _____
Customer/Client Representative
Workers Supervisor

Communication Devices Used: Cell Phone Two Way Radio GPS Satellite Phone Land line Other:

Date: _____ Scope of Work : _____ Worksite Location/Directions: _____

Worker Name: _____ Contact Number: _____ Unit or Plate # _____ Map/ERP Available: Yes No

Check In Interval:		Check In Time:		Check In Time:		Check In Time:		Check In Time:		Check In Time:		Check In Time:	
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Date: _____ Scope of Work : _____ Worksite Location/Directions: _____

Worker Name: _____ Contact Number: _____ Unit or Plate # _____ Map/ERP Available: Yes No

Check In Interval:		Check In Time:		Check In Time:		Check In Time:		Check In Time:		Check In Time:		Check In Time:	
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Date: _____ Scope of Work : _____ Worksite Location/Directions: _____

Worker Name: _____ Contact Number: _____ Unit or Plate # _____ Map/ERP Available: Yes No

Check In Interval:		Check In Time:		Check In Time:		Check In Time:		Check In Time:		Check In Time:		Check In Time:	
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Date: _____ Scope of Work : _____ Worksite Location/Directions: _____

Worker Name: _____ Contact Number: _____ Unit or Plate # _____ Map/ERP Available: Yes No

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