

WORKING ALONE CHECKLIST

CF-S-74

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