



## LONE WORKER LOG

CF-S-75

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<br>Interval: |  | Check In<br>Time: |  | Check In<br>Time: |  | Check In<br>Time: |  | Check In<br>Time: |  | Check In<br>Time: |  | Check In<br>Time: |  | Check In<br>Time: |  |
|-----------------------|--|-------------------|--|-------------------|--|-------------------|--|-------------------|--|-------------------|--|-------------------|--|-------------------|--|

Date: \_\_\_\_\_ Scope of Work : \_\_\_\_\_ Worksite Location/Directions: \_\_\_\_\_

Worker Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Unit or Plate # \_\_\_\_\_ Map/ERP Available: ☐ Yes ☐ No

|                       |  |                   |  |                   |  |                   |  |                   |  |                   |  |                   |  |                   |  |
|-----------------------|--|-------------------|--|-------------------|--|-------------------|--|-------------------|--|-------------------|--|-------------------|--|-------------------|--|
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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<br>Interval: |  | Check In<br>Time: |  | Check In<br>Time: |  | Check In<br>Time: |  | Check In<br>Time: |  | Check In<br>Time: |  | Check In<br>Time: |  | Check In<br>Time: |  |
|-----------------------|--|-------------------|--|-------------------|--|-------------------|--|-------------------|--|-------------------|--|-------------------|--|-------------------|--|

Date: \_\_\_\_\_ Scope of Work : \_\_\_\_\_ Worksite Location/Directions: \_\_\_\_\_

Worker Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Unit or Plate # \_\_\_\_\_ Map/ERP Available: ☐ Yes ☐ No

|                       |  |                   |  |                   |  |                   |  |                   |  |                   |  |                   |  |                   |  |
|-----------------------|--|-------------------|--|-------------------|--|-------------------|--|-------------------|--|-------------------|--|-------------------|--|-------------------|--|
| Check In<br>Interval: |  | Check In<br>Time: |  | Check In<br>Time: |  | Check In<br>Time: |  | Check In<br>Time: |  | Check In<br>Time: |  | Check In<br>Time: |  | Check In<br>Time: |  |
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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.