

R-13 WORKING ALONE SAFETY RECORD



Date: _____ Job #/Location: _____ Prepared By: _____	<i>Define scope of work for the day:</i>
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Pre-Start Checklist

- Do appropriate Safe Work Practices/Procedures (SWP's) exist for the scope of work? Yes ☐ No ☐ N/A ☐
- Do appropriate Formal Hazard Assessments (HAA's) exist for the scope of work? Yes ☐ No ☐ N/A ☐
- Do you confirm your understanding of the work scope, hazards, and controls? Yes ☐ No ☐ N/A ☐
- Is the required safety equipment available? (Fire extinguishers, First Aid, Cellphone/Radio, etc.) Yes ☐ No ☐ N/A ☐
- Has your task location, tools, equipment, and required PPE (basic & specialty) been inspected? Yes ☐ No ☐ N/A ☐

No high hazard work is permitted when working alone.

Working Alone Contact: _____ **Contact Method: (Phone, Visits, etc.)** _____

Contact Intervals: _____ **Approved By:** _____

Additional hazards or worker concerns?	Rank	Hazard Elimination or Control:

Hazard Ranking – 1) LOW 2) MODERATE 3) HIGH

Acknowledgements

By signing you are stating the following:

I know the hazards:

1. You have reviewed and understand the HAA's, SWP's, associated hazards, and risk controls associated with tasks you are about to perform. You agree to use all required PPE at all times while working.
2. You are aware that no tasks or work (that is not risk-assessed) is to be performed.
3. You are aware of your obligation to 'Stop Work' and to work in a manner that does not risk your own safety or the safety of others. You are ultimately responsible for your own safety.
4. You will bring any safety concerns to your supervisors attention immediately.

I arrived and departed fit for duty:

5. You are physically and mentally fit for duty.
6. You are not under the influence of any type of medication, drugs or alcohol that could affect your ability to work safely.
7. You are aware of your responsibility to bring any illness, injury (regardless of where or when it occurred) or fatigue issue you may have to the attention of your supervisor.
8. You signed out uninjured unless you have otherwise informed your supervisor.

STOP WORK:

I will STOP the job any time I am concerned or uncertain about my safety.

I will STOP the job if I identify a hazard or additional mitigation that has not been assessed or controlled.

I will be alert to any changes in the conditions or hazards in my work area, and take responsibility for my own safety at all times.

If it is necessary to STOP THE JOB, I will immediately contact my supervisor. I will then reassess the task, hazards and controls, and then amend this toolbox form as needed.

Worker Name & Signature	Company	Time In	Time Out
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Were there any Incidents, Injuries or First-Aid Reports for the day?			
If yes, have reports been submitted to the safety department?			
Did you require any STOP WORK interventions?			
Yes <input type="checkbox"/> No <input type="checkbox"/> Describe: _____			
Do you have any suggestions for safety improvement while working alone?			
Yes <input type="checkbox"/> No <input type="checkbox"/> Describe: _____			