

## Risk Assessment for Working Alone or In Isolation Form

In support of [Policy GBGB](#) – Working Alone or in Isolation

<b>Date</b>		<b>School/Workplace</b>			
<b>Individual Information</b>				<b>Title</b>	
Last Name:		First Name:			
<b>Supervisor Information</b>				<b>Title</b>	
Last Name:		First Name:			
<b>Contact Person Information</b>				<b>Title</b>	
Last Name:		First Name:			
<b>Work Location(s)</b>	<b>Time(s) working alone at location indicated</b>	<b>Location/Address</b>		<b>Description of Work</b>	
<b>Hazards While Conducting Task</b>		<b>Risk Level</b> (low, medium, high)	<b>Control Measure(s)</b>		
1.					
2.					
3.					
<b>Check-In Schedule</b>		<b>Check-In Interval</b> (e.g., Every 15 minutes up to 2 hours etc.)		<b>Communication Method</b> (e.g., Phone call/text)	
<b>Check-In Times</b>	<b>Comments</b>	<b>Initials</b>	<b>Check-In Times</b>	<b>Comments</b>	<b>Initials</b>
1 <sup>st</sup>			2 <sup>nd</sup>		
3 <sup>rd</sup>			4 <sup>th</sup>		
<b>Working Alone Task Completed:</b> YES NO					
<b>Time Completed</b>	<b>Worker sign-Off</b>	<b>Supervisor Sign-Off</b>		<b>Contact Person Sign-Off</b>	
<b>EMERGENCY RESPONSE</b> (list who contact person will contact in the event the determined check-in interval with the worker is not met)			1.		
			2.		

<b>HR Use Only:</b>	<input type="checkbox"/> Original to Employee	Completed Copies to:	<input type="checkbox"/> Principal/Supervisor
			<input type="checkbox"/> WSH Officer