

## Working Alone and/or After Hours Plan

1. It is the responsibility of the worker and the supervisor to identify hazardous agents or activities which arise from the conditions and circumstances of the work to be completed alone and/or after hours.
2. It is expected the only work that cannot be reasonably completed during normal working hours be considered.
3. Handling hazardous substances, using hazardous equipment and/or performing hazardous activities are prohibited if working alone (at least two trained workers are required for these activities).

### Worker information

Worker's Name		Phone # or email	
Supervisor's Name		Phone # or email	
Lab Manager's Name		Phone # or email	
Work Duration			
Work Location			
Working Conditions	<input type="checkbox"/> Alone <input type="checkbox"/> After Hours		

### Communication Plan

Contact		Phone #	
Alternate Contact		Phone #	

Describe your communication plan (including times and intervals for regular check-ins)  
Please include one designate (PI/Lab Manager) that all workers report and check in with:

Lab manager(s) and / or supervisor(s) are to retain a final copy of this form.

Please complete and sign to acknowledge plan.

### Risk Level

Classification	Examples	Applicable?
<b>Low Hazard Activities</b>	<ul style="list-style-type: none"> <li>• Use of computers</li> <li>• Use of low hazard materials</li> <li>• Use of low hazard tools and/or equipment</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Moderate Hazard Activities</b>	<ul style="list-style-type: none"> <li>• Use of hazardous materials</li> <li>• Use of power tools and equipment</li> <li>• Use of ladders</li> <li>• Physical labour</li> <li>• Other identified activities</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> Two workers will be present <input type="checkbox"/> No
<b>High Risk / Prohibited Activities</b>	<ul style="list-style-type: none"> <li>• Entering confined spaces</li> <li>• Hoisting materials</li> <li>• Working at heights</li> <li>• Working in or over water</li> <li>• Other identified activities</li> </ul>	<b>NOT APPLICABLE</b>

<b>Specific restrictions and / or prohibited activities</b>	

### Job Safety Analysis

Work Activity	Related Hazards	Hazard Control Measures	SOP Available
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

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Please complete and sign to acknowledge plan.

## Acknowledgements

### Supervisor:

Supervisor Name	
Signature	
Date	

### Employee or Student:

Employee or Student Name	
Signature	
Date	

When the involved worker and supervisor sign this record they approve and agree to abide by the conditions set out in the plan. Comments and/or concerns may be raised by anyone acknowledging this plan. Steps shall be taken to resolve all concerns prior to the commencement of work activities.

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Please complete and sign to acknowledge plan.

