

Call-in Procedure for Lone Workers

Workplace: Name _____ Address _____ Phone _____	Employer: Name _____ Address _____ Phone _____
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Risk

Working alone call-in procedures for _____

(position)

For work between _____ and _____ On _____
Hours from _____ to _____ (List days of the week)

Person responsible for checking on the above noted employee: _____

Call times (every two hours)

1 am () 3 am ()

5 am () 7 am ()

**Response will be logged in
check-in log book.**

Method of contact:

Phone

E-mail

Face to face

If the worker cannot be reached and does not respond within _____ minutes face to face contact will be made by:

Co-worker (name)

Supervisor Name (s)

Security

Police

The person responding will immediately inform the person responsible for face to face contact with the worker of the reason for the delay or any incidents. Responsible person will call supervisor in the event of an accident.

Supervisor to call _____

If the worker encounters an unsafe situation the worker is to immediately contact the designated person for instruction and/or call the police if necessary.

Contact phone number _____

Also post by phone.

These procedures will be reviewed at orientation and at least annually.
Any change in names or numbers will be made immediately.

Signature of worker

Date

Signature of supervisor

Date