

Risk Assessment for Working Alone or In Isolation Form

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

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

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