CHECKLIST EMPLOYEES PERFORMING HAZARDOUS WORK AND WORKING ALONE

Name of Unit: \_ \_\_\_\_\_\_\_\_\_\_ Name of supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of evaluator: \_\_ \_\_\_\_\_\_\_\_\_

Date of assessment:

|  |  |  |  |
| --- | --- | --- | --- |
| Yes  ~  ~ | No N/ A  ~ ~  ~ ~ | | EMPLOYEE TRAINING  Do you ensure employees are trained and competent to work alone safely? Are employees aware of the increased risk from carrying out the hazardous work alone? |
| Yes | No N/ A | | SAFE WORK PROCEDURES |
| ~ | ~ | ~ | Do you have a safe work procedure for the hazardous work? |
| ~ | ~ | ~ | Did the employer develop the safe work procedure with the involvement of the affected employees? |
| ~ | ~ | ~ | Is there a procedure requiring employees to sign out before a job, and to  provide information on a traveling plan and an estimated time of return? |
| ~ | ~ | ~ | Is there a procedure for the employee to check-in prior to and at the end of the planned activities at the site? |
| Yes | No N/ A | | EQUIPMENT SAFETY |
| ~ | ~ | ~ | Do you ensure equipment is in good working condition prior to being used on a work site? |
| ~ | ~ | ~ | Does all equipment and machinery used by employees’ meet regulatory standards? |
| ~ | ~ | ~ | Are equipment and machinery being used in accordance with the manufacturer’s specifications? |
| ~ | ~ | ~ | Is a dead-man switch used in high hazard machinery to prevent unintentional activation? |
| Yes | No N/ A | | EQUIPMENT AND SUPPLIES |
| ~ | ~ | ~ | Do you equip employees with the appropriate first aid supplies? |
| ~ | ~ | ~ | Do employees carry the required first aid supplies? |
| ~ | ~ | ~ | Do employees carry the necessary personal protective equipment? |
| ~ | ~ | ~ | Do employees carry emergency supplies if they are to work in remote areas with inclement weather? |
| Yes | No N/ A | | COMMUNICATION |
| ~ | ~ | ~ | Do you have an effective means of communication for employees to contact persons capable of responding when employees need immediate assistance? |
|  |  |  | Does the method of communication involve one of the following? |
| ~ | ~ | ~ | Regular telephone, cell phone, or radio contact? |
| ~ | ~ | ~ | Scheduled check-in points with other employees? |
| ~ | ~ | ~ | Alarm system that could alert other employees? |

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Yes No N/ A

~ ~ ~ Is there an “overdue employee” procedure to initiate searches for employees

who fail to report?

~ ~ ~ Others? Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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