Working Alone Protocol

Location of where worker is working alone ______________________________

1. Is there a customer service function (e.g., serving students)? Yes □ No □
   If yes please explain____________________________________________________
   ______________________________________________________________________

2. Please indicate your hours ______________________________________________
   Is work performed in isolated areas? Yes □ No □
   If yes please indicate how it is isolated_______________________________
   ______________________________________________________________________

3. List the potential hazards that may be encountered_____________________
   ______________________________________________________________________
   ______________________________________________________________________

4. List the action taken to eliminate or minimize identified hazards.
   ______________________________________________________________________
   ______________________________________________________________________

5. List type of communication to be used by the worker (e.g., telephone, cell
   phone, radio, buddy system, check-ins, etc.).
   ______________________________________________________________________

6. Details of how emergency assistance will be obtained and provided in the
   event of an emergency.
   ______________________________________________________________________
   ______________________________________________________________________

In case of a fire/life emergency situation call 911. For an urgent Security matter (or after
dialing 911), call Security Control at (416) 736-5333 or 33333 (on campus) and identify
yourself, what the emergency is and the location.
7. Emergency numbers near the telephones have been posted

8. For situations requiring first aid contact York Security 736-5333 (ext. 33333) or the local first aider if available.

9. Indicate the location of the nearest:
   First Aid Station _____________________________________________
   Fire alarm pull station _________________________________________
   Fire extinguisher _____________________________________________

10. Do you use chemicals? Yes ☐ No ☐
    If yes please indicate the location of the nearest:
    Eye wash station _____________________________________________
    Emergency shower ____________________________________________
    Material Safety Data Sheets ____________________________________
    Chemical Spills Kit ___________________________________________

11. Indicate any other procedures that you have in your Department
    ___________________________________________________________________
    ___________________________________________________________________
    ___________________________________________________________________
    ___________________________________________________________________

12. Indicate how employees have been notified of this program (e.g., email, training, meeting etc.).
    ___________________________________________________________________
    ___________________________________________________________________

Department/Faculty ________________________________________________
Name of Supervisor ___________________________ Date ________________

Send a copy of your Working Alone Protocol to the Department of Occupational Health and Safety, East Office Building, Room C37.