

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.