

Working Alone Standard Operating Procedure – Life Sciences Building Biology Laboratories

Name: _____ Student or Employee No: _____

Date: _____

For: *Staff, faculty, students and volunteers who work alone*

- To be assessed jointly by supervisor and persons work alone
- Standard operating procedures are to be developed as warranted
- Training provided to all individuals working alone
- Be aware of regulatory restrictions affecting working alone - see section 6.1 of the policy
- Submit this report to the JOHSC of your area for their review

Room #'s _____ Building _____

Supervisor (s) _____ Emerg home phone # _____

Expected hours during which staff will work alone

weekday

weekends

Emergency assistance

In the event of an emergency, assistance will be provided by:

How much time is required for the response to the emergency?

Where is the closest nearby individual? Is there a way to contact them ?

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Security of the area - personal safety issues

All doors to be kept locked when staff are working

Any additional security controls specific for your area?

The following table will serve to evaluate the tasks, hazards and controls in place - for tasks to be done by the person(s) working alone.

Task	Hazard	Controls	Worst case scenario

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Protocols in place at the workplace for working alone

- 1) Identification badges must be worn
- 2) ALWAYS CALL SECURITY WHEN WORKING AFTER HOURS OR ON WEEKENDS;
Security No: 905-525-9140 ext. 24281
- 3) A central telephone must be available with emergency telephone numbers of supervisors or designates posted - where is it? Or identify the alternative communication system which you have in place. Eg radio system.
- 4) Staff will check in with their supervisors (designate) every _____ hrs. (based on the risk of the work they are doing)
- 5) For MUMC site, as an added security feature, you may wish to sign in and out at the security desk at the entrance to the ER (east of the front entrance, 2nd floor) or submit list of regularly scheduled workers in advance (eg CAF). Security ext 76444
- 6)
- 7)
- 8)
- 9)

Are there known current physical disabilities or medical conditions which may affect the health or safety of an individual working alone? (do not provide names)

Training and Experience

list the training which must be in place for the individual to work alone

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High risk tasks which may NOT be performed by individuals working alone

Issues which are still of concern to staff/supervisors

Signature of supervisor (s) _____

Date: _____

Supervisor Name: _____
(please print)

I have reviewed this policy with my supervisor and understand the Working Alone Policies for my laboratory.

signature of student / employee