APPENDIX ‘B’

WORKING ALONE OR IN ISOLATION  SAFE WORK PROCEDURES

FACULTY/DEPARTMENT_____________________________________________________

SUPERVISOR: __________________ PHONE: ______________ E-mail:______________

WORKER’S NAME(S) and/or POSITION CLASSIFICATION__________________________

Work Description________________________________________________________________________

_____________________________________________________________________________________

Hours of work / shift______________________________________________________________

1. Document actions taken to eliminate or reduce the hazards identified in the risk assessment.

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<tr>
<th>Hazards</th>
<th>Actions</th>
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2. Communication System Requirements: (describe)

- □ Radio communication________________________________________________________
- □ Phone or cellular phone_____________________________________________________
- □ Other means that provides effective communication
  - o Regular security patrol?
  - o Alarm system to security services?
  - o Regular visit by co-workers?
  - o Others? Specify ____________________________________________________________

- □ Maintaining regular contact with the person working alone or in isolation____________________________
3. Identify any Prohibited Activities

4. Identify Training And Instruction Required

- WHMIS
- TDG
- Respiratory Protection
- Infection Control
- Lab Safety
- First aid & CPR
- Fire extinguisher training
- Health and Safety Orientation
- Radiation Safety

- Emergency Procedures
- Supervision and Safety
- Ladder safety
- Other (describe)

5. Emergency and survival supplies required for traveling/working under extreme conditions?

6. First Aid supplies/requirements?

SIGNATURE OF THE SUPERVISOR:

SIGNATURE OF THE WORKER(S)

SIGNATURE OF THE WORKER REPRESENTATIVE (LAHSC Worker Co-Chair)