

WORKING ALONE PLAN

Department: _____

Date: _____

Supervisor: _____

Room(s): _____

Procedure

1. Working alone, especially after regular business hours, should be avoided whenever possible.
2. Working alone requires supervisor/PI knowledge or approval.
3. Work tasks are divided as per the risk assessment in Table 1: Risk Assessment (examples are found in the [Guide](#)).
4. Establish a check-in plan (describe it in the Table 2: Check-In Plan).

Table 1: Risk Assessment

Risk	Tasks
<p>High risk Working alone is prohibited as per applicable regulations.</p>	
<p>Moderate risk</p> <ul style="list-style-type: none"> ▪ Supervisors must develop an <u>SOP</u> for tasks being performed. ▪ Each area must identify security measures to prevent entry of non-authorized users (e.g., locked doors). ▪ Check-in processes are mandatory for this level of risk. 	
<p>Low risk May work alone, however minimal precautions are required.</p> <ul style="list-style-type: none"> ▪ Check-in processes are mandatory for new graduate and undergraduate students (< 6 months) at this level of risk. ▪ Access to phone and security measures are required. 	

Table 2: Check-In Plan

Will check-in process use an app?	Will check-in process use email, text, or phone?
<p>Yes <input type="checkbox"/> or No <input type="checkbox"/></p> <p>If yes, which app: _____</p> <p>Identify frequency of check-in: _____ min.</p> <p>Identify contact person(s): _____ _____</p>	<p>Yes <input type="checkbox"/> or No <input type="checkbox"/></p> <p>If yes, identify frequency of check-in: _____ min.</p> <p>Identify type of check-in: Email <input type="checkbox"/> Phone call <input type="checkbox"/> Text <input type="checkbox"/></p> <p>Identify contact person(s): _____ _____</p>
<p>Are the contact person(s) aware of what actions to take if a worker/student does not check-in (Response Plan): Yes <input type="checkbox"/> or No <input type="checkbox"/></p>	

Response Plan

- On campus: Call Special Constable Services at 519-888-4911 or ext. 22222 to request that they check on the worker.
- If your response plan deviates from above (e.g., field work or other off-campus work), please provide details below:

Supervisor Acknowledgment

By signing below, the supervisor acknowledges that they understand the materials provided as linked guidance and will follow and enforce the guidance within this plan.

Date	Name (Printed)	Signature

Worker Acknowledgements

All workers who have been permitted to work alone must sign this document below indicating they have read, understand and will follow the guidance in this plan.

Date	Name (Printed)	Signature

For more information, please refer to the [UW Working Alone Standard](#).