

Working Alone and/or After Hours Plan

1. It is the responsibility of the worker and the lab manager to identify hazardous agents or activities which arise from the conditions and circumstances of the work to be completed alone and/or after hours.
2. It is expected the only work that cannot be reasonably completed during normal working hours be considered.
3. Handling hazardous substances, using hazardous equipment and/or performing hazardous activities are prohibited if working alone (at least two trained workers are required for these activities).

Worker information:

Location of work activities (Building and Room Number)			<input type="checkbox"/> AFTER HOURS <input type="checkbox"/> ALONE
Worker's Name		Phone #	
Supervisor's Name		Phone #	
Lab Manager's Name		Phone #	
Duration of activities (Date(s) and time(s))			

Communication Plan:

Contact:		Phone # or email:	
Alternate Contact:		Phone # or email:	

(Describe your communication plan, including times and intervals for regular check-ins)

Risk level for work activities:

Classification:	Examples:	Applicability	Briefly outline work activities here:
Low Hazard Activities	<ul style="list-style-type: none"> Use of computers Use of low hazard materials Use of low hazard tools and/or equipment 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Standard Operating Procedures (SOPs) are readily available Additional Research Summary or SOP attached to this form? <input type="checkbox"/> Yes <input type="checkbox"/> No
Moderate Hazard Activities	<ul style="list-style-type: none"> Use of hazardous materials Use of power tools and equipment Use of ladders Physical labour 	<input type="checkbox"/> Yes <input type="checkbox"/> Two workers will be present <input type="checkbox"/> No	
High Risk / Prohibited Activities	<ul style="list-style-type: none"> Entering confined spaces Hoisting materials Working at heights Working in or over water 	NOT APPLICABLE	

Job Safety Analysis:

The following job safety analysis or JSA is to be completed together with the laboratory manager to determine the work activities that are acceptable in the lab as well as to identify and satisfy training requirements:

Work activities	Hazards related to work activity	Control measures (to mitigate risk)	SOP?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Restrictions and / or prohibited activities	

Acknowledgements:

Worker's signature:		Date:	
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Supervisor's signature:		Date:	
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Lab manager's signature:		Date:	
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Local Safety Committee (LSC) member name:		Contact:	
LSC member signature:		Date:	

Work may not commence until all parties read, agree to, and sign this form.