

**STUDENTS, PDFS, FACULTY & STAFF**

**COVID-19 WORKING ALONE AND/OR AFTER-HOURS PLAN - College of Engineering 2021**

1. A working alone and/or after-hours plan **is required** when personnel (students, faculty, staff and researchers) need to conduct work on campus after-hours and/or while alone.
  - a. “Normal” working hours at the University of Saskatchewan are: 8:30 am -4:30 pm, Monday-Friday.
    - i. Exception is for Technical Staff who are permitted to work 7:30 am – 6:00 pm without a working alone and/or after-hours plan.
  - b. “Alone” is considered to be working in a location without regular traffic during the hours the work is to be completed.
    - i. Conducting research in a lab during a time when there is not likely to be anyone else present is considered working alone (i.e. on a statutory holiday, weekend or after hours).
2. This form **is required** to be completed prior to applying for a Building Entrance Key through the College Key Custodian’s Office.
3. It is the **responsibility of the worker, faculty supervisor 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.
4. Only work which **cannot be reasonably completed during normal working hours** will be considered.
5. Handling hazardous substances, using hazardous equipment and/or performing hazardous activities are prohibited if working alone (at least two trained workers are required to be present for these activities).

**WORKER INFORMATION:**

Location of work activities (Building(s) and Room Number(s))			<input type="checkbox"/> AFTER HOURS <input type="checkbox"/> ALONE
Worker’s Name:		Phone #	
Supervisor’s Name:		Phone #	
Lab Manager’s Name:		Phone #	
Expiry Date of Plan:			
Emergency Contact:		Phone #:	

**COMMUNICATION CONTACT REQUIREMENTS:**

It is the responsibility of the worker to have a communication contact person each time they are working alone or after hours, this person must meet the following criteria:

- Communication Contact during Covid-19 is required as follows:
  - Graduate Student, PDF, or Research Engineering - the Principal Investigator (Faculty Supervisor)
  - Technical Staff – Other Technical Staff in the department or the Department Head
  - Faculty – Other Faculty in the College, the Department Head or Technical Staff in the department
  - Office Staff – Direct Supervisor
- Communication contact must have the following information prior to work beginning:
  - University’s 24-hour emergency assistance phone number: (306) 966-5461
  - A list of room(s) you will be working in
  - The required check in frequency, which during Covid-19 is every 60 minutes.

- The worker must contact their communication contact at the required frequency, if they do not, then their communication contact will try and contact the worker, if this fails, then the communication contact will contact the University’s 24-hour emergency assistance phone number (306) 966-5461 and inform them which room the worker should be in so that protective services can check on the worker.

**WORK & COMMUNICATION PLAN REQUIREMENTS:**

CLASSIFICATION:	EXAMPLES:	APPLICABILITY	Communication Plan:
<b>VERY LOW HAZARD ACTIVITIES</b> <b>[RENEWED YEARLY]</b>	<ul style="list-style-type: none"> <li>Use of Computers</li> <li>General Office Work</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Outline of Activities:			
<b>LOW HAZARD ACTIVITIES</b> <b>[RENEWED YEARLY]</b>	<ul style="list-style-type: none"> <li>Lab Work</li> <li>Use of Low Hazard Materials</li> <li>Use of Low Hazard Tools and Equipment</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Check in required every 60 minutes, or if work extends more than 60 minutes past “normal” business hours.
Outline of Activities:			
<b>MODERATE HAZARD ACTIVITIES</b> <b>[RENEWED each term]</b> Sept. 1 <sup>st</sup> – Dec. 31 <sup>st</sup> Jan. 1 <sup>st</sup> – April 30 <sup>th</sup> May 1 <sup>st</sup> – Aug. 31 <sup>st</sup>	<ul style="list-style-type: none"> <li>Lab Work</li> <li>Use of Hazardous Materials</li> <li>Use of Power Tools and Equipment</li> <li>Use of Ladders</li> <li>Physical Labor</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> TWO WORKERS WILL BE PRESENT	Check in required every 60 minutes, or if work extends more than 60 minutes past “normal” business hours.  <input type="checkbox"/> STANDARD OPERATING PROCEDURES (SOP'S) ARE READILY AVAILABLE
Outline of Activities:			
<b>HIGH HAZARD / PROHIBITED ACTIVITIES</b>	<ul style="list-style-type: none"> <li>Entering confined spaces</li> <li>Hoisting materials</li> <li>Working at heights</li> <li>Working in or over water</li> </ul>	<b>NOT APPLICABLE</b>	<b>This type of work is NOT permitted alone or after hours.</b>
<b>ADDITIONAL RESEARCH SUMMARY OR SOP ATTACHED TO THIS FORM?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			

**JOB SAFETY ANALYSIS FOR LAB WORK (Low and Moderate Hazard Activities):**

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

WORK ACTIVITIES	HAZARD LEVEL	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
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>RESTRICTIONS AND / OR PROHIBITED ACTIVITIES</b>	

**ACKNOWLEDGEMENTS:**

<b>WORKER'S SIGNATURE:</b>		<b>DATE:</b>	
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<b>SUPERVISOR'S SIGNATURE:</b>		<b>DATE:</b>	
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<b>LAB MANAGER'S SIGNATURE:</b>		<b>DATE:</b>	
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<b>COVID-19 PERMIT NUMBER:</b>		<b>EXPIRY DATE:</b>	
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*Work may not commence until all parties have read, agreed to, and sign this form.*