

Lone Worker Safety Checklist

Complete this checklist before an employee is set to work alone. Distribute the checklist to the supervisor in charge of the lone worker and to the lone worker. These items are minimum requirements to be met before the work begins. You can edit this list to better suit your specific situation.

Yes	No	NA	Risk Identification and Control
			Full name/address of location and nearest emergency services. Address: _____ _____ _____ Emergency services: _____, _____, _____
			Is there safe access in and out of the work site?
			Risk assessment completed and hazards (both present and possible) identified for the job/task and the environment/location.
			Does work involve: <input type="checkbox"/> Use of hazardous substances <input type="checkbox"/> Working at heights <input type="checkbox"/> Manual materials handling <input type="checkbox"/> Radiation or lasers <input type="checkbox"/> Gas, electricity, water <input type="checkbox"/> Moving parts <input type="checkbox"/> Sharps, needles, power/hand tools
			Clear instructions of job/task to be completed.
			Instructions and discussion of hazards and how to eliminate, minimize, protect against.
			Security procedures specific to location discussed.
			Lone worker has received first aid training.
			First aid kit stocked and available.

Yes	No	NA	Communication and Monitoring
			Overall physical and mental state of worker is such that they can safely perform their job. (cold, headache, any meds being taken – both OTC and RX, etc.)
			Communication methods established, explained, and operational.
			Check-in times established and agreed upon by supervisor and employee.
			Monitoring device, if provided, fully charged/functional and on worker.
			<p>Employee knows who to contact in an emergency (aside from emergency services).</p> <p>Name/s: _____, _____,</p> <p style="text-align: center;">_____</p> <p>Contact info: _____, _____,</p> <p style="text-align: center;">_____</p>
			<p>Expected Start Time: _____</p> <p>Expected Stop Time: _____</p>
			<p>Any visitors expected at the location?</p> <p>Name/s: _____, _____,</p> <p style="text-align: center;">_____</p> <p>Contact info: _____, _____,</p> <p style="text-align: center;">_____</p>
Yes	No	NA	PPE and Equipment
			<p>List PPE required and on site:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p>
			<p>Necessary tools on site and in good condition.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p>
			<p>Vehicle and equipment inspected and in safe working condition.</p>

Supervisor:

Employee:

Date:

