Working Alone Procedure

Written procedure · Canadian employers

Employer / company: _____ Site or operation: _____

Prepared by: _____ Position: _____

Effective date: _____ Review date: _____

1. WHEN THIS PROCEDURE APPLIES

A worker is working alone when they are on their own at a work location and assistance is not readily available in the event of injury, ill health or emergency. This procedure applies to:

Common examples: after-hours or single-staff shifts, remote or field work, mobile service and delivery, night retail or reception, driving between sites, and work in areas with no cellular coverage.

> Provincial requirements differ in wording but converge on the same duties: assess the hazards, put an effective means of communication in place, and check on the worker at intervals appropriate to the risk. Confirm the exact wording of the regulation that applies to you — and note that some jurisdictions prohibit working alone entirely for specific high-risk tasks such as confined space entry or energised electrical work.

2. HAZARD ASSESSMENT

Complete one row per working-alone situation. The assessment drives the check-in interval — higher risk means shorter intervals.

TASK / SITUATION	HAZARDS PRESENT	CONSEQUENCE IF INJURED ALONE	RISK (L/M/H)	CONTROLS	CHECK-IN INTERVAL

- ☐ Violence and public interaction assessed, including cash handling and late hours
- ☐ Environmental exposure assessed — cold, heat, water, wildlife
- ☐ Vehicle and travel risk assessed
- ☐ Medical vulnerability considered where the worker has disclosed a relevant condition
- ☐ Communication coverage confirmed for every location, not assumed
- ☐ Tasks prohibited while alone identified and listed

3. COMMUNICATION METHOD

REQUIREMENT	WHAT GOOD LOOKS LIKE	Y / N / N-A	EVIDENCE OR GAP
Primary method selected	Cell phone, satellite messenger, two-way radio, or monitored lone-worker device.		
Coverage verified on site	Tested at the actual work location, not assumed from a coverage map.		
Backup method available	A second method for when the primary fails or has no coverage.		
Device charged and carried	On the person, not in the vehicle.		
Panic or man-down function	Where the risk assessment calls for it, and tested.		
Worker trained on the system	Including what to do if they cannot reach the contact.		

Primary method: _____ Backup: _____

Known no-coverage areas and the alternative used there:

_____

4. CHECK-IN SYSTEM AND ESCALATION

Designated contact: _____ Phone: _____

Backup contact: _____ Phone: _____

Standard check-in interval: _____ Final check-in at end of shift by: _____

Escalation when a check-in is missed — complete every row with a real name and a real elapsed time:

STEP	ELAPSED TIME	ACTION	WHO DOES IT
1		Attempt contact on primary method	
2		Attempt backup method and any known site number	
3		Contact supervisor and confirm last known location	
4		Dispatch a person to the location	
5		Contact emergency services with location and details	

> **A check-in system with no escalation is not a check-in system.** If nobody is required to act at a defined time after a missed call, a missed call means nothing. Name the person and the clock.

5. BEFORE THE SHIFT STARTS

- ☐ Worker knows the procedure and has been trained on the device
- ☐ Itinerary or work location recorded with the designated contact
- ☐ Expected finish time agreed
- ☐ Vehicle checked and fuelled where travel is involved
- ☐ First aid kit accessible and appropriate to the location
- ☐ Weather and road conditions reviewed for remote or field work
- ☐ Prohibited tasks confirmed — the worker knows what not to attempt alone

6. TRAINING AND REVIEW

REQUIREMENT	WHAT GOOD LOOKS LIKE	Y / N / N-A	EVIDENCE OR GAP
Workers trained on this procedure	With dated records.		
Designated contacts trained	Including the escalation ladder and how to reach emergency services with location detail.		
System tested	Escalation tested periodically as a drill, not first used in a real event.		
Procedure reviewed	At least annually and after any incident, near miss, or change in the work.		
Worker consultation	JHSC or representative involved in the assessment and review.		

7. SIGN-OFF

PREPARED BY

DATE

REVIEWED BY (MANAGEMENT)

DATE

Daily Working Alone Check-In Log

One sheet per shift · Keep with the designated contact

HSE ADVISOR CANADA
hseadvisor.ca

Date: _____ Designated contact: _____

Backup contact: _____ Shift: _____

WORKERS ALONE THIS SHIFT

WORKER	LOCATION / ITINERARY	START	INTERVAL	EXPECTED FINISH	CONTACT METHOD

CHECK-IN RECORD

TIME DUE	WORKER	TIME RECEIVED	BY WHOM	LOCATION UPDATE	ESCALATED? (Y/N)

ESCALATION EVENTS

TIME	WORKER	STEP REACHED	ACTION TAKEN	OUTCOME

_____ _____

CONTACT SIGNATURE DATE

_____ _____

SUPERVISOR SIGNATURE DATE