



Working Alone or In Isolation Assessment Form*

Date:		Description of Work:	
Individual Information: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student			
Last Name:		First Name:	
Supervisor/ P.I.:			
Last Name:		First Name:	
Contact Person (if different than Supervisor):			
Last Name:		First Name:	
Work Locations:	Times working alone at indicated location		
Hazard description associated with work to be performed:		Procedures/Measures to mitigate risk:	
1)		1)	
2)		2)	
3)		3)	

CHECK-IN SCHEDULE: (24hr clock, use additional sheets if more space is required.)		Check in interval established (e.g. every 30 minutes):		Communication method (e.g. phone, in person, friend walk, GroupMe, etc.):		
Check-in Times	Comments:	Initials	Check in Time	Comments:	Initials	
Start Time:			6 th			
1 st			7 th			
2 nd			8 th			
3 rd			9 th			
4 th			10 th			
5 th			11 th			
Work-shift in Isolation Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Time work completed:	Individual Sign-Off:	Supervisor/ P.I. Sign Off:	Contact Person Sign-Off:			

**This is only a template for laboratories or shops to use when approving "Working Alone". The PI can change these to fit their laboratory operation.*