Date plan created: Click or tap here to enter text.

Plan is in effect\* from: **(DATE)** Click or tap here to enter text. **to (DATE)** Click or tap here to enter text.

\* The plan must be updated if there are any changes to the work (such as location, working conditions, or work activities). Review is also required if a new hazard is identified or if an incident occurs

Describe work to be completed under this plan:

|  |
| --- |
| Click or tap here to enter text. |

Location of work (e.g. W.A. Ranches description of location, legal land description, physical location description, coordinates, or any other applicable information):

|  |
| --- |
| Click or tap here to enter text. |

Work will be completed under the direction of:

|  |
| --- |
| Click or tap here to enter text. |

Prior to working alone, the following must be completed by the lone worker and their supervisor/ manager. Please check boxes after verifying completion, and retain supporting forms/documents with this plan.

|  |  |  |
| --- | --- | --- |
| **Topic** | **Description** | **Complete** |
| **Working Alone Program** | * Read and Review the W.A. Ranches Research Working Alone Program document. |  |
| **Field Level Hazard Assessment** | * Develop and maintain a field level hazard assessment for the work to be completed including the risk ranking of each task. * Supervisor/Manager/PI must accompany the lone worker to the W.A. Ranches at least 2 times before sending worker alone. * Locate and discuss any relevant Standard Operating Procedures (SOPs). |  |
| **Training** | * Complete all relevant training specific to the W.A. Ranches Research requirements |  |
| **Emergency Response** | * Set up a two-way satellite GPS messenger device according to the W.A. Ranches Research Emergency Call-Out procedure. * Develop an emergency response plan for if/when an SOS is sent from the device and if a check-in is missed. |  |

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| --- |
| **Communication Plan:**  Two-Way Satellite GPS Messenger Device specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Lone Worker Name & Phone Number:**Click or tap here to enter text.  **Emergency Contact Person (PI or designate) Name & Phone Number:**  Click or tap here to enter text.  **Check-in Requirements:**  At minimum, this must be at the beginning and end of the work shift. If the shift is longer than 6 hours, check in at the mid-point of the shift is required.  **Frequency of Check-In:** Click or tap here to enter text.hours  **Process to be followed if employee misses their check in time (e.g. who will be contacted and when, emergency response protocol, etc.).**  Click or tap here to enter text. |

**Emergency Contacts** (Police, Fire, Emergency Medical Services, Search and Rescue, etc.)

|  |  |
| --- | --- |
| Agency, Location | Phone Number |
| Campus Security | 403-220-5333 |
| Police, Fire, Ambulance – Emergency | 911 |
| Jonny Bennett | 403-542-4469 |
| Barney Press | 403-573-3324 |

**I have reviewed, understand and agree to implement, as required, all topics discussed or otherwise addressed in this plan before working alone can commence:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worker (print) Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager/Supervisor (print) Signature Date