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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Farm Name** | |  | | | **Date Completed** | | | |  | | | |
| 1. **Work location description:** *(i.e., rural address, GPS co-ordinates, etc.)* | | | | | | | | | |  | | |
| 1. **Job or task details:** | | | | | | | | | |  | | |
| 1. **The hazard assessment on the back of this page has been completed for the job or task and involved the person who will be performing the work alone.** | | | | | | | | | | ❑ Yes | | |
| 1. **A copy of and emergency transport plan to get the person working alone from the work location to the nearest hospital is attached and reviewed by the person working alone, the check-in person and the person responsible for going to location if the emergency procedure is put into action.** | | | | | | | | | | ❑ Yes | | |
| 1. **First aid supplies are available at the work location.** | | | | | | | | | | ❑ Yes | | |
| 1. **The person responsible for going to location in the event the emergency procedure is put into action has current first aid certification and a copy of emergency transport plan.** | | | | | | | | | | ❑ Yes | | |
| 1. **The person will be working alone from:** | | | | | | **Start**: am/pm | | | | **End**: am/pm | | |
| 1. **The method of contact between the person working alone and the check-in person will be by:** *(i.e., cell phone, radio, etc.)* | | | | | | | | | | | | |
| 1. **The method of contact between the person working alone, the check-in person and the person responsible for going to location has been tested.** | | | | | | | | | | ❑ Yes | | |
| 1. **Contact between the person working alone and the contact person will be initiated by:** *(i.e., the person working alone or the check-in person)* | | | | | | | | | | | | |
| **Check-in Schedule** | | | | | | | | | | | | |
| Planned  check-in time | Check-in confirmed | | | Check-in  missed | | | Comments/Actions: | | | | | |
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| **Missed Check-In Procedure** | | | | | | | | | | | | |
| The person working alone, the check-in person and the person responsible for going to location in the event of a missed check-in will keep a copy of this procedure and check in as outlined. If a check-in time is missed by the person working alone, the check-in person will:   * Continuously try to reach the person working alone for a \_\_\_\_ minute period of time and if contact is not made after that period of time, the contact person will put the emergency procedure into action. * Immediately put the emergency procedure into action. | | | | | | | | | | | | |
| **Emergency Procedure** | | | | | | | | | | | | |
| The emergency procedure requires someone to immediately go to the location of the person working alone and for the contact person to make other appropriate notifications as outlined below | | | | | | | | | | | | |
| Name of the person who will go to location: | | | | | | | Contact method | | | | Time contacted | |
|  | | | | | | |  | | | |  | |
| Others to be advised of a missed check-in and possible emergency: | | | | | | | Contact method | | | | Time contacted | |
|  | | | | | | |  | | | |  | |
|  | | | | | | |  | | | |  | |
| **Other Important Information** | | | | | | | | | | | | |
| By signing below, the person working alone, the check-in person and the person responsible for immediately going to location when required by this procedure acknowledges having read this procedure and understanding it. In addition, these parties are aware that failing to meet their responsibilities as outlined here is in violation of the farm’s health and safety policies, procedures and rules and will be dealt with accordingly. | | | | | | | | | | | | |
| **Print Name** | | | **Print Job Title** | | | | | **Signature** | | | | **Date** |
|  | | |  | | | | |  | | | |  |
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**Important:** Retain a copy of this document in your farm records.

A form with text and images

Description automatically generated