This form may be completed and applied in conjunction with PPA’s Working Alone Procedure.

The person working alone must contact the designated contact person at the agreed upon time/s as outlined below in the communication plan.

A copy of the completed Working Alone Communication Plan must be kept by both the person working alone and the designated contact person for the duration of the working alone task.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| general | | | | | | | | | | | | | | | | | | |
| **Date:** |  | | | | | | **Company:** | | | |  | | | | | | | |
| **Location of Work:** | | | |  | | | | | | | | | | | | | | |
| **expected duration of work** | | | | | | | | | | | | | | | | | | |
| **Start Date:** | |  | | | | **Time:** | | | |  | | **End Date:** | | |  | | **Time:** |  |
| **person working alone** | | | | | | | | | | | | | | | | | | |
| **Person Working Alone:** | | | | |  | | | | | | | | | | | | | |
| **Communication method:** | | | | | | Radio | | | | | | | | Phone | | Other | | |
| **Phone Number / Radio Channel:** | | | | | | | | |  | | | | | | | | | |
| **Contact Timeframe:** | | | | | | Every \_\_\_\_\_ hours | | | | | | | Upon completion of task | | | | | |
| **Vehicle / Vessel Description:** | | | | | | | |  | | | | | | | | | | |
| **Vehicle / Vessel Identification / Registration Number:** | | | | | | | | | | | | | |  | | | | |
| **designated contact person** | | | | | | | | | | | | | | | | | | |
| **Designated Contact Person:** | | | | | | | |  | | | | | | | | | | |
| **Phone Number:** | | |  | | | | | | | | | | | | | | | |

The designated contact person should set a reminder for themselves (e.g. mobile alarm, calendar alarm etc.) to contact the person working alone, if contact has not been made after 30 minutes of the agreed time. If contact is not received at the agreed time the designated contact person shall make all reasonable attempts to contact the person working alone. If there is still no contact the designated contact person shall escalate to their line manager to assist in determining further action.

# document owner

The Director Health and Safety is responsible for this form.