



Working Alone Plan Administrative Procedure 8.96A

All employees of **the Evergreen School Division**, who may, at any time during the year, work alone at their place of work, must complete this form. If the information contained in this form should change, it is the responsibility of the employee to complete an updated form as soon as possible.

Employee Name _____	Title: _____
School/Building: _____	Phone No: _____
Physical Location/address of workplace: _____	
Name of personal emergency contact (e.g. spouse, partner, friend, etc.) you will contact when alone at a workplace for more than two (2) hours:	
Name: _____	Phone No: _____

If you are alone at a workplace for more than two (2) hours you will be responsible for contacting someone by telephone. If you fail to make contact at the appointed time, the contact person will then be responsible for implementing the emergency plan indicated below.

Step 1: Contact one of the workplace representatives below that has key fob access to workplace.

Name/Title: _____	Phone No.: _____
Name/Title: _____	Phone No.: _____
Name/Title: _____	Phone No.: _____

Step 2: In the event that you are not able to reach any of the workplace representatives listed above, call contact the local RCMP at 911 for immediate assistance.

I have read and understand the intent of the above work plan.

Employee Signature: _____

Employer Signature: _____

Date: _____

Employee to Distribute: 1 copy to all named persons
Supervisor to Distribute: 1 copy filed with Emergency Response Plan