



Hazard Assessment

WORKING ALONE

Name: _____ Date: _____

Equipment: _____ Location: _____

Secure Person: _____ Phone number: _____

Call in at least every 2 hours

Started at: _____

Check in: _____

Check in: _____

Check in: _____

Check in: _____

Check in: _____

Check in: _____

Finished: _____

Scope of work: _____

Signature: _____

(Operator)

or Signature: _____

(Secure Person)