

Written Procedure for Working Alone, School District 52

1. _____ will be working alone at _____ between the hours of _____ am/pm and _____ am/pm on the following days of the week: _____.
2. _____ is responsible for checking on the above-noted employee at these set intervals:

Every 2 hours starting at 00:00pm, 00:00pm and at end of shift.
3. Method of contact will be by cell phone and at times, face to face contact.
4. If the worker cannot be reached or does not respond within 20 minutes, the designated contact person will arrange for face to face contact to be made with the employee by driving to the school.
5. If the worker encounters an unsafe situation while working alone, the worker is to immediately alert the designated contact person cell phone 600-0000 and, if deemed necessary, the police 911.
6. As part of the worker's orientation, the Supervisor will review this procedure and provide a copy to the worker and the designated contact person before the worker commences working alone.
7. Working alone procedure developed for this work location will be reviewed at least annually or more frequently if there is a change in work arrangements which could adversely affect the worker's well being or if the reporting system is not working effectively. The worker and/or the designated contact person are expected to inform the supervisor of any concerns they may have with the reporting system.
8. Acknowledgements and Signatures:

- My supervisor has explained to me the working alone procedure developed for my work location. I understand this procedure is for my well-being and will cooperate with the check-ups initiated by my supervisor, the designated contact person.

Signature of Worker

Date

- I have explained the working alone procedure to the worker. I understand this procedure and agree to regularly check on the employee's well-being as directed above.

Signature of Supervisor/Designated Contact Person

Date