Working Alone Form



YOUR CONTACT INFORMATION

First Name		Last Nar	ne
Company			Phone
Permittee			***
EMERGENC	Y CONTACTS		
Contact 1			Phone
Contact 2			Phone
LOCATION I	NFORMATION		
State Forest			MUID
Region			Reception No Yes
FOREST OP	ERATION		
What type of	forest operation are you und	ertaking?	
Manual	Harvest	R	pading
Mechani	ical Harvest	Sr	nigging/extracting

Haulage	Other
0	

Other

IDENTIFY HAZARDS, ASSESS RISKS AND IMPLEMENT CONTROLS

Complete the following table of hazards, risks and controls for working alone (refer to the TQ Working Alone Procedure for assistance)

Hazard	Risk	Control/s

Working Alone Form



OPERATION SPECIFIC QUESTIONS	
Do you have a Site Specific Safety Plan?	No Yes Unsure
Do you have a Safety Management System?	No Yes Unsure
Have you identified hazards?	No Yes
Have you identified controls for all hazards ?	No Yes
Have you considered the following hazard con	trols?
Fatigue management	Understanding systems, policies and procedures Relevant training and qualifications Others
Which of the specific working alone controls v	vill be implemented?
Check in procedure (every hours)	Work arrangements
Communication (UHF, phone)	Buddy System
Alert and location systems	Others

Please list any information or additional comments about the controls that will be implemented when working alone (or isolated)

Name	Signed	1 1

Upon completion of this document, ensure the PCBU recieves a copy.

Refer to the following documents for assistance:

- Timber Queensland Native Forest Operations Working Alone Procedure
- Work, Health, and Safety Act 2011
- Work, Health and Safety Regulations 2011
- Safe Work Australia Guides

ADDITIONAL HAZARDS, RISKS AND CONTROLS

Hazard	Risk	Control