## **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<br>Relevant training and qualifications<br>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 |
|--------|------|---------|
|        |      |         |
|        |      |         |
|        |      |         |
|        |      |         |
|        |      |         |
|        |      |         |
|        |      |         |
|        |      |         |
|        |      |         |
|        |      |         |
|        |      |         |
|        |      |         |
|        |      |         |
|        |      |         |
|        |      |         |
|        |      |         |