**Working Along Check-In Form**

Please note the following document is a sample. Review carefully and modify this document to meet the needs and requirements of your organization.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | | Location: | |
| Worker Name: | | Worker Phone: | |
| Designated Contact Name: | | Designated Contact Phone | |
| Location: | | | |
| Potential hazards associated with task: | | | |
| Check-in Method | Check-in Frequency | | Estimated Job Length |
| Record of contact:  Time (am/pm) \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ | | | |
| Emergency response plan if there is a workplace incident OR if the worker does not check-in or respond to a call:    If the worker encounters an unsafe situation, immediately notify the designated contact person. If necessary, call emergency services in your community. | | | |

Employer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designated Contact Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_