



Working Alone or In Isolation Check-In Form

<b>Date:</b>		<b>Department/ Area:</b>			
Individual Information: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student		Title:			
Last Name:	First Name:				
Supervisor/ P.I. :		Title:			
Last Name:	First Name:				
Contact Person (if different than Supervisor):		Title:			
Last Name:	First Name:				
<b>Work Locations:</b>	<b>Times working in isolation at location indicated (24 hr)</b>	<b>Location Description:</b>	<b>Description of Work:</b>		
<b>Hazard description associated with work to be performed in isolation:</b>					
1)					
2)					
3)					
<b>CHECK-IN SCHEDULE:</b> (24hr clock, use additional sheets if more space is required.)	<b>Check in interval established</b> (e.g. every 30 minutes):	<b>Communication method</b> (e.g. phone, in person):			
<b>Check-in Times</b>	<b>Comments:</b>	<b>Initials</b>	<b>Check in Time</b>	<b>Comments:</b>	<b>Initials</b>
Start Time:			6 <sup>th</sup>		
1 <sup>st</sup>			7 <sup>th</sup>		
2 <sup>nd</sup>			8 <sup>th</sup>		
3 <sup>rd</sup>			9 <sup>th</sup>		
4 <sup>th</sup>			10 <sup>th</sup>		
5 <sup>th</sup>			11 <sup>th</sup>		
<b>Work-shift in Isolation Completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Time work completed:</b>	<b>Individual Sign-Off:</b>	<b>Supervisor/ P.I. Sign Off:</b>		<b>Contact Person Sign-Off:</b>	