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|  | WHS FORM | **WHS47** |
| **Working Alone or in Isolation - Authorisation** This form supports the WHS procedure: Working Alone or in Isolation |



|  |  |
| --- | --- |
| **Workplace:** | |
| **Completed by:** | **Date:** |

|  |  |
| --- | --- |
| Name |  |
| Designation | Staff/Student/Contractor/Volunteer |
| Name of Supervisor |  |
| Date/s of work |  |
| Duration of authority |  |
| Place of Work |  |
| Areas to be accessed |  |
| Brief description of work |  |

Has a risk assessment been conducted? Yes/No

If Yes, is it attached? Yes/No

**Control measures**

Have required control measures been implemented? Yes/No

Are Safe Operating Procedures (SOP’s) required? Yes/No

If Yes, are they attached? Yes/No

Is any extra training required? Yes/No

**Designated contact person**

|  |  |
| --- | --- |
| Contact Person Name |  |
| Frequency of contact |  |
| Method of contact |  |

**Competency of worker**

|  |  |
| --- | --- |
| Has the worker been assessed as competent to work alone? | Yes/No |
| If No, why not? |  |
| Has the worker been informed of the emergency procedures and security arrangements including the path for safe egress? |  |
| Are there any pre-existing medical conditions that may impact or affect the ability to work alone or in isolation? |  |
| Any other details that have been considered as part of this authorisation? |  |

|  |  |  |
| --- | --- | --- |
| I acknowledge the accurate recording of all information enclosed and agree to abide by UniSA procedures in accordance with the Working Alone or in Isolation procedure. | |  |
| **Staff/student/contractor/volunteer name:** | **Signature:** | **Date:** |

|  |  |  |
| --- | --- | --- |
| Authority is given for the work as stated above to be undertaken and that the worker has been assessed as being competent to undertake the work as recorded. | |  |
| **Supervisor name:** | **Signature:** | **Date:** |
| **Any other comments:** | | |