



CHECK-IN PROCEDURES FOR EMPLOYEES WORKING ALONE OR IN ISOLATION

IMPORTANT:

Prior to commencing working alone or in isolation, employee must sign-in/call-in with their Check-In Contact.
Upon completion of working alone or in isolation, employee must sign-out/call-out with their Check-In Contact.

Employee Name:	Phone:	Alternate Phone:	Room #/Location:
Email:	Department:	Campus: <input type="checkbox"/> NW <input type="checkbox"/> DL Training Centre: <input type="checkbox"/> STC <input type="checkbox"/> BBY <input type="checkbox"/> LANG <input type="checkbox"/> MR <input type="checkbox"/> SLC	

Employee will contact their Check-In Contact Person via the prescribed method, at the pre-determined check-in time(s).

Employee will contact (name & phone # of Check-In Contact): New West Security Kiosk: local 5405 or 604-527-5405
David Lam Security Kiosk: local 6255 or 604-777-6255

Employee will contact Check-In Contact person: In Person by Telephone Other Method _____

Employee will contact Check-In Contact person: Every 30 minutes Every Hour Every 2 hours at End of Shift

If the employee does not contact their Check-In Contact at the pre-determined times, the Check-In Contact will attempt to contact the employee. If contact is not made the Check-In Contact will make another attempt to contact the employee within five minutes. If the Check-In Contact still cannot reach the employee after the second attempt, he or she will do the following:

1. Call and have someone check on the employee.
2. Check on the employee themselves.
3. Call the employee at the alternate (e.g. cell) phone number provided.
4. If necessary, call 2400 (NW & DL Campus) or 911 (all Training Centres) and request help at the work location.

In case of an emergency at New Westminster or David Lam the employee will call the following:

Contact Name: **SECURITY** Phone Number from a College phone: **2400** (NW or DL campus)
Phone Number from a cell phone: **604-527-5405** New West, **604-777-6254** David Lam

In case of an emergency at any of the Training Centres, the employee will call **911**.

Supervisor's Name (print): _____ Supervisor's Signature: _____

Employee's Name (print): _____ Employee's Signature: _____

Distribution Original: Supervisor/Manager Copies: Employee, Safety, Security & Risk Management Officer