

Working Solo/Unsupervised Authorization Form

SECTION I: ACKNOWLEDGEMENTS

By completing this form, the requestor acknowledges the following:

- I understand that I am not obligated to work solo or unsupervised and that it is discouraged if it can be avoided.
- If working unsupervised is necessary, then working solo should be avoided by implementing a “buddy system”.
- I understand that risk levels are higher when working alone on hazardous activities where limited assistance exists in the case of an emergency.
- I will not work alone without having first reviewed safety procedures and emergency protocols with the authorizer of this form.
- I will always adhere to standard operating procedures.
- I understand that the working solo/unsupervised policy requires periodic check-ins either physically or remotely by the Authorizing Individual or their designee while conducting activities, and I will adhere to the communication conditions described in Section III of this form.
 - I understand that although low-risk activities do not require a second person to be enlisted for check-ins, this form is still required for all solo and/or unsupervised work.
- I have been informed of my shop/laboratory’s specific safety and working solo/unsupervised policies and will abide by these.
- I will always adhere to the following general standard operating procedures, in particular while working alone:
 - All required PPE and appropriate attire will be worn, (e.g., safety glasses, long pants, closed-toe shoes, gloves (when appropriate), etc.)
 - All efforts will be made to minimize exposure to hazardous materials, including minimizing quantities handled, and avoiding particularly hazardous chemicals (e.g., highly toxic, corrosive, reactive, pyrophoric, and/or explosive materials) whenever possible.
 - All efforts will be made to avoid working with shop or laboratory equipment that presents sizable risks for entanglement, amputation, electrocution, or other serious bodily harm.
 - All efforts will be made to utilize the hierarchy of hazard controls (i.e., conducting work in a fume hood, using shields when needed, avoiding high-risk hazards such as working in confined spaces, etc.)

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Requestor must read Section I on the previous page, complete Section II below and sign at the bottom of the form. Approver must complete Section III and sign at the bottom of the form.

Completed forms must be shared with Department Safety Coordinator and retained for 3 years.

SECTION II: REQUESTOR

Name: _____ ID#: _____

Phone: _____ Email: _____

Position: Undergraduate Graduate Employee Volunteer Other: _____

Emergency Contact: _____ Phone: _____

Shop/Lab Name: _____ Location: _____

Shop Coordinator / Lab Owner: _____ Phone: _____

SECTION III: AUTHORIZER

Authorizing Individual: _____ Title: _____

Phone: _____ Email: _____

DATE PERMISSION EXPIRES: _____

Description of Authorized Processes & Limitations:

Description of access permissions to areas/rooms:

Communication Conditions: Physical check-in Check-in performed by: _____

Remote check-in Received by: _____

Not required (low risk work)

Communication procedures (include names of those checking in or receiving communications):

Authorizer Signature: _____ Date: _____

Requestor Signature: _____ Date: _____