Caltech *Environmental Health & Safety*

NOTE: Save form locally then open in Adobe Acrobat to enable digital signatures.

CALTECH WORKING ALONE AUTHORIZATION & COMMUNICATION PLAN

This Plan documents the lab-specific safeguards required by the Caltech Working Alone in a Laboratory Policy. Working alone can delay emergency assistance and increase the severity of an incident.

"Working Alone" means performing research activities in a laboratory or machine shop when no one else is in direct line of sight or within earshot, at any hour. This Plan and all required approvals must be in place before Working Alone begins.

Before you begin – Working Alone is NEVER permitted:

- For minors, volunteers, or interns, or anyone the PI/supervisor has restricted
- With Pyrophorics, potentially explosive or highly reactive materials (e.g., strong oxidizers, organic peroxides, hydrofluoric acid, or acutely toxic gases)
- On or near exposed energized equipment >50 V
- With machine shop equipment

Laboratory/Research Group: _____

Principal Investigator (PI): _____

Researcher Authorized to Work Alone _____

Laboratory Location(s) (Bldg/Room):

_____

Authorization Period: From _____ To _____ (not to exceed 12 months)

Typical Working Alone Days/Hours: _____

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1. ACTIVITY / EQUIPMENT / MATERIAL

Activity, equipment, or hazardous material to be performed or used alone:

Applicable Laboratory SOP(s): _____

IMPORTANT NOTE: *This authorization applies only to the activity, location, personnel, and conditions described above. Any new or substantially changed activity requires a new or updated Plan before Working Alone begins.*

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2. WORKING ALONE ASSESSMENT

Why is Working Alone necessary or appropriate for this activity?

Potential hazards (check all that apply):

- ☐ Chemical exposure
- ☐ Fire
- ☐ Electrical
- ☐ Mechanical
- ☐ Radiation
- ☐ Laser
- ☐ Biological
- ☐ Thermal/cryogenic
- ☐ Other:

Required controls, PPE, and emergency equipment:

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3. COMMUNICATION PLAN

Designated Contact / Buddy: _____

Contact Information: _____

***Backup Contact** (if Buddy is unavailable):_____ Phone: _____

*Optional, but recommended

Communication Method:

- ☐ In-person check
- ☐ Phone call
- ☐ Text message
- ☐ Virtual (Zoom/Teams)
- ☐ Other:

Required Check-in Frequency

How frequently will check-ins occur? Check-in every:

- ☐ 15 min
- ☐ 30 min
- ☐ Other: ____

Check in at the start of work, at the frequency above, and with a final check-out when work ends.

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4. MISSED CHECK-IN / EMERGENCY RESPONSE

If a required check-in is missed, the Designated Contact/Buddy will:

1. Immediately try to reach the researcher again
2. If there is no response within 5 minutes, call:

   Caltech Security at x5000 or 626-395-5000

   - Provide the researcher's name, location, and the work or hazards involved

   - After notifying Security, notify the PI/supervisor

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5. PI AUTHORIZATION

I confirm that the activity has been reviewed for Working Alone hazards and that the controls and communication procedures identified above are appropriate for the work described.

PI Name: _____

Signature: _____ **Date:** _____

6. ACKNOWLEDGMENT BY LAB PERSONNEL

I have reviewed this Working Alone Authorization and Communication Plan, understood the requirements, and agree to follow the established communication and emergency procedures. I understand that I must stop work if conditions change such that the activity can no longer be performed safely alone.

Researcher Name: _____

Signature: _____ **Date:** _____

Designated Contact/Buddy Name: _____

Signature: _____ **Date:** _____

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7. EH&S/Division Review

Reviewer confirms:

- ☐ Person and activity are not prohibited by the Policy
- ☐ Required training has been completed
- ☐ Applicable laboratory SOPs have been specified
- ☐ PI approval has been obtained
- ☐ Buddy system and communication plan have been established
- ☐ Check-in frequency defined

Reviewer Name: _____ **Signature:** _____

Date: _____

Maintain this completed form in the lab as part of the lab safety training documentation.