

## Working in Isolation Notice

Notice #:		
Issued to:	Contact #:	
Secondary Contact:	Contact #:	
Emergency Contact (Manager):	Contact #:	
Please Note: <ul style="list-style-type: none"> <li>• <i>A Working in Isolation Notice is required when a Staff Member or Contractor is required to work alone, either on site or off site, in a location determined by a Specific JSA to be hazardous or any location after normal Terminal open hours where that person may be working alone, where working alone with Hazardous Chemicals, Confined Space or where contact with Emergency Services may be compromised.</i></li> <li>• <i>A member submitting a Working in Isolation Notice shall have completed and presented with this form, a risk assessment to identify potential hazards and implemented control measures to mitigate those risks.</i></li> <li>• <i>The reverse side of this notice shall be completed to the satisfaction of HBA or the notice may not be accepted.</i></li> </ul>		
Task:		
Exact Location of Work:		
Start Time	Expected Finish Time:	
Is regular contact required: Yes/No	If Yes, complete the following:	
Who will initiate the contact (name and #):		
Who will receive the contact (name and #):		
Contact details:		
Time of first contact:	Duration between each contact:	Expected last contact:
Action to be taken if a contact time has been missed:		
Emergency contact details (e.g. SOO, 000 etc):		

# Working in Isolation Notice



1. Duration of Working in Isolation	Details & Comments	Acceptable Y/N
1.1 How long will the member be working in Isolation		
1.2 Is it necessary for the member to be working in isolation		
1.3 Is another person available		
2. Location of the work		
2.1 Is the work in a remote location		
2.2 Is the work in a confined space		
2.3 Is there adequate mobile phone or radio coverage		
3. Communications		
3.1 What form of communication is available		
3.2 Is the communication available or monitored 24/7		
4. Nature of the work		
4.1 Has sufficient information been submitted		
4.2 Is there a High-Risk activity being undertaking?		
5. Competency of the member		
5.1 Does the member have all the required qualifications		
5.2 Does the member have the experience required		
Job Acceptance Declaration		
I shall be responsible for the supervision of all members working on site and shall ensure all works are carried out in accordance with all relevant Australian Standards, Rules, Regulations and Working at Airport Sites.		
Name:	Signature:	Date: Time:
Job Completion Declaration		
I have completed the works in accordance with all relevant Australian Standards, Rules, Regulations and Working at Airport Sites.		
Name:	Signature:	Date: Time: