PERMISSION TO WORK ALONE FORM - GUIDELINES

Scope:
This applies to any work that will be performed alone involving hazardous materials, hazardous procedures or hazardous equipment.

Rationale:
The objective of Permission To Work Alone is to prevent a scenario where a worker is injured due to hazardous work and is unable to get help. It is up to each Principal Investigator (PI) to determine what level of hazard is permissible for working alone in their group. Some groups do not allow any working alone at all, while others allow varying degrees of working alone, depending on the specific hazard, the training and experience of the person working, and the safeguards that are in place. Working alone with pyrophorics (substances that ignite spontaneously upon contact with air) is always prohibited. The PI and the worker need to agree that the level of risk matches the level of protection. The Permission To Work Alone form clarifies and documents this. It assures the PI that workers won’t undertake unapproved hazardous processes alone and it assures the worker that the processes they are performing alone have been assessed for safety.

“Hazardous Materials” are defined by the hazards indicated on the Safety Data Sheets, product labels or pictograms. A material is considered “hazardous” if it is classified as one or more of the following:

1. Flammable/Combustible
2. Oxidizing
3. Explosive/Reactive
4. Compressed Gas
5. Corrosive
6. Toxic to Aquatic Life
7. Acutely Toxic/Poisonous
8. Carcinogenic/Organ Affecting
9. Irritant

If the chemical has a National Fire Protection Association “safety diamond” on it, a number greater than 0 in any diamond identifies it as a hazardous material. If there is any level hazard associated with the material and a person will work alone with it, it is necessary to have the form on file.

Section I:
SHORT DESCRIPTION OF WORK TO BE DONE:
Please describe the specific type of work to be done (such as synthesis of X compounds, preparation of X samples, running of X equipment, conducting X type of experiment).

HAZARDS ASSOCIATED WITH THE WORK:
Please indicate the hazards associated with your materials, procedures or equipment. If “other” is checked, please indicate the specific hazard(s).

Section II:
DURATION OF PERMISSION:
Please indicate the duration of the permission. This can be for a specified duration (such as a semester or a year if a known endpoint has been established), or indefinitely (such as the duration of studies, duration of employment or duration of the project, etc.).

PROCEDURES IMPLEMENTED TO MITIGATE THE RISKS FROM THE HAZARDS ABOVE:
Please specify the measures in place that will protect the person working alone. These can be engineering controls (such as fume hoods), personal protective equipment (gloves, lab coat, safety glasses, goggles, etc.) or administrative controls (such as arranging to have campus security or another individual check in every 30 minutes or whatever makes sense). The safeguards should match the level of risk associated with the hazard of working alone, and cover possible scenarios. Please specify what measures will be taken beyond what would normally be done if someone else was in the room. If necessary, additional sheets can be attached. Do not leave this section blank!

The signature of the PI in Section II must match the name of the PI in Section I.

Please feel free to discuss this or specific details further with EH&S. Please submit the forms to EH&S for review.

Revised 10/2015
PERMISSION TO WORK ALONE FORM

SECTION I: Applicant
POSITION: □ UNDERGRAD. □ GRAD. STUDENT □ POST DOC □ STAFF □ OTHER_____________________
NAME: ________________________________________________________ CMU ANDREW USER ID: ____________________________
CAMPUS PHONE NUMBER:____________________ CELLPHONE NUMBER: _______________________
PRINCIPAL INVESTIGATOR: ________________________________________________________________
SHORT DESCRIPTION OF WORK TO BE DONE:
__________________________________________________________________________________________________
HAZARDS ASSOCIATED WITH THE WORK:
☐ STRONG ACIDS/ BASES   ☐ FLAM. LIQUIDS   ☐ HIGH HEAT   ☐ PHS   ☐ OTHER_____________________
I have completed Lab Safety and Hazardous Waste training at Carnegie Mellon University. In addition, I have received training in the proper experimental and emergency procedures from my principal investigator and understand those procedures for the work I am authorized to do.
APPLICANT SIGNATURE: __________________________ DATE: _________________________

SECTION II: PRINCIPAL INVESTIGATOR APPROVAL
The applicant has been trained in the proper experimental and emergency procedures for the work to be performed, and understands those procedures.
BUILDING AND LAB NUMBER(S): ____________________________________________________________
HOURS ALLOWED ACCESS TO LAB: ______________________ DURATION OF PERMISSION: _____________________
PROCEDURES IMPLEMENTED TO MITIGATE THE RISKS FROM THE HAZARDS ABOVE: ____________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
PLAN IF WORKER CANNOT SUMMON HELP: ______________________________________________________________
__________________________________________________________________________________________________
PRINCIPAL INVESTIGATOR’S SIGNATURE: __________________________ DATE: _____________________
CAMPUS PHONE: _______________________ EMERGENCY PHONE: _____________________________

SECTION III: LAB SAFETY AND HAZARDOUS WASTE TRAINING
This applicant has completed laboratory safety and hazardous waste training provided by the Environmental Health and Safety Department (EH&S).
TRAINING DATE: __________________________________________________________
EH&S SIGNATURE: __________________________________ DATE: __________________________