

**Department of Biomedical Engineering
Faculty of Medicine and Dentistry**

**Communication Arrangements for
Staff Working Alone**

I have discussed my work in the office with my supervisor, or with someone designated by her/him. I have read and understood the Hazard Assessment Report for the space/s where I work. I have set up a communication system with someone in case of emergency. I understand that it has to be in place before I can work alone in the laboratory and/or office.

Employee Signature

Date

I have reviewed the communication arrangement and I am satisfied that the Work Alone requirements have been met.

Supervisor's Signature

Date