OF0022 – Remote and Isolated Work Plan

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|  | Amendment Record | **Issue #: 1** |
| **Issue Date: 10/09/2018** |

| **Rev. #** | **Date** | **Details** | | **Description of Changes** | **Prepared By** | **Approved by** |
| --- | --- | --- | --- | --- | --- | --- |
| Section # | Para. # |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |

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| Remote and Isolated Work Plan |

A copy of the signed Remote / Isolated Work Plan must be taken by workers to the Remote/Isolated workplace each day and a copy must be kept by the Responsible Supervisor at home base and/or head office.

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| Project Name: | Location: |
| Date/s of work covered by this plan: | |
| Names & Contact Details of Supervisor / HSR/s: | |
| Names & Contact Details of Remote/Isolation Workers: | |
| Risk Assessment (RA)  RA Name:  RA Number:  Date completed: Review Date: | |
| Worker/s consultation, including Risk Assessment:  Date of Consultation:  Worker signatures: | |
| Plan Approved by (Responsible Supervisor):  Name:  Signature:  Approval Date: | |

Work Assessment Checklist

1. Description of Remote/Isolation Works:

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2. Description of identified hazards / Risk Assessment outcomes:

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3. Description of applicable risk controls:

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N**ote: Buddy System must be in place for any High-Risk Works.**

4. Select the following items required for remote/isolated activity:

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| * Drinking water * GPS * Buddy System * First Aid Kit * Hat (broad brim) * Insect Repellent * Utility knife * Matches * Compass * Area guides | * Sunscreen * Torch * Batteries * Car tool kit * Car parts (filters, oils etc.) * Spare fuses * Spare tyre * D shackle snatch block * Rope /Chains * Other recovery equipment | * Wet weather gear * Personal Locating Beacon * Mobile phone * Car-mounted radio * Satellite phone * Extra fuel * Fire extinguisher * Food * Shelter equipment * *Add others as required* |

5. List relevant Emergency Contact information (including nearest medical facility / hospital, nearest Emergency Responders etc.)

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| --- | --- | --- | --- | --- |
| Name of Provider | Address | Distance from work area (km and minutes) | Map Reference | Contact Numbers |
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Communication Log

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Direct Supervisor: | | | | | | | | |
| Exact Address of work site: | | | | | | | | |
| Map reference: | | | | | | | | |
| Vehicle Registration Number: | | | | | | | | |
| Vehicle Make / Model / Colour: | | | | | | | | |
| Vehicle Identification Number/s: | | | | | | | | |
| Expected Task Duration: | | | | | | | | |
| Expected Time of Arrival: | | | | | | | | |
| Indicate start/finish times: | | | | | | | | |
| Type of communication equipment: | | | | | | | | |
| **Contact information (numbers/ frequency etc.)** | | | | | | | | |
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| **Agreed Call-in times for Worker to Contact Direct Supervisor** | | | | | | | | |
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Call-in Log

Worker must complete the copy at the remote / isolated site when the call has been made/ received.

Direct supervisor must complete the copy at home base/ office when the call has been made/received.

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| **Call – in Time:** | | | |
| Worker comments & sign |  | Direct Supervisor comments & sign |  |
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| Worker comments & sign |  | Direct Supervisor comments & sign |  |

**Emergency Actions:** Where workers fail to call-in at agreed times, the Responsible Supervisor must attempt contact. If no contact is established within 1-hour, Responsible Supervisor MUST contact agreed Emergency Response Authority (closest).

Provide the following information to Emergency Services:

* Name of missing person.
* Contact phone number / radio channel.
* Vehicle registration number.
* Vehicle type and colour.
* Time, date & last known location of contact.
* Motel/Hotel last stayed in, if applicable
* Last logged position of the vehicle as registered by the on-board GPS