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