

LONE WORKING

**FIELD TRIP RECORD
TO BE RETAINED BY BUDDY
AND COPIED TO CHIEF TECHNICIAN**

Date (s)
Name of LONE worker
Name of Buddy
Buddies are a responsible person who will raise the alarm should the worker not make contact at the agreed return time

WORK DETAILS

Location (including Grid Reference)	
Vehicle description and registration	

ITINERARY (please print clearly expected times of arrival and departure)

Mobile phone number

CHECKLIST

Risk Assessment form completed and approved by Chief Technician	<input type="checkbox"/>
Mobile Phone Charged, adequate credits	<input type="checkbox"/>
Field First Aid Training completed	<input type="checkbox"/>
First aid kits checked and complete	<input type="checkbox"/>
Safety equipment checked and in working order	<input type="checkbox"/>

Agreed Time of Return

Failure to contact buddy by this time will be considered missing and action will be taken

Field Trip Record Received by buddy (sign and date).....

Worker Return time _____

Buddy Signature and Print on safe return of Lone Worker _____

Any Feedback?