Lone Worker Check-in

Remote / lone worker check-in with location, welfare, next contact, and signature. Printable checklist.
* = required.

Date *

Check-in time *

Worker name *

Location / job site *

Welfare status *

- ◯ OK — continuing work
- ◯ Ending work for the day
- ◯ Need assistance

Next planned check-in

Emergency contact on file

Notes / hazards on site

Worker signature *

Name: _____ Date: _____