Lone Working Check-In

Check-in and check-out log for staff working alone, with location, expected finish time and welfare confirmation.

Name *	
Mobile number *	
Location / address of visit *	
Date *	_____ / _____ / _____
Check-in time *	_____ : _____
Expected finish time *	_____ : _____
Nature of work	
Any known risks at this location? *	☐ Yes ☐ No
Details of risks	
Check-out time	_____ : _____
Are you safe and well? *	☐ Yes ☐ No - need assistance
Notes	

* Required