|  |  |  |
| --- | --- | --- |
| *PLACE LOGO HERE* |  | SWP-# |

**SAFE WORK PROCEDURE**

|  |  |
| --- | --- |
| **Task/Equipment:** |  |
| **Department:** |  |
| **Developed by:** |  |
| **Date created:** | **Date last revised:** | **Next review date:** | **Overall risk rating:** |

**DO NOT perform this procedure until you have been trained and authorized to do so by your supervisor.**

|  |
| --- |
| **POTENTIAL HAZARDS** | List all potential hazards associated with this task/equipment. |
| 1.
2.
 |
| *Report any unforeseen hazards or hazardous situation to your supervisor immediately* |

|  |
| --- |
| **REQUIRED TRAINING** | List all training that the worker requires prior to performing this procedure. |
| 1.
2.
 |

|  |
| --- |
| **PERSONAL PROTECTIVE EQUIPMENT** | List all required PPE and apparel required, ensure to specify type. |
| Head protection |  |
| Eye protection |  |
| Hearing protection |  |
| Respiratory protection |  |
| Face protection |  |
| Protective clothing |  |
| Hand protection |  |
| Fall protection |  |
| Protective footwear |  |
| Other PPE |  |

|  |
| --- |
| **PROHIBITED ACTIVITIES** | List any activities or actions that are prohibited while performing this procedure (for example, ‘Do not wear gloves’). Indicate NA if there are none. |
| 1.
2.
 |

|  |
| --- |
| **PRE-OPERATIONAL SAFETY CHECKS** | List any pre-operational checks that must be completed prior to starting this procedure. Indicate NA if there are none. |
| 1. Inspect all safeguarding before operating the equipment.
2. Inspect all PPE before use.
 |

|  |
| --- |
| **OPERATIONAL PROCEDURE** | List all steps the worker must follow in sequence to complete this task. Add caution statements as needed. |
| Step | Caution statement(s) for each step |
| 1.
2.
 |  |
| *If an emergency situation occurs while performing this task, or there is an equipment malfunction,**safely shut down the equipment immediately and follow the lockout procedure.* |

|  |
| --- |
| **HOUSEKEEPING** | List any housekeeping tasks that are required after completing the operational procedure. |
| 1.
2.
 |

|  |  |  |
| --- | --- | --- |
| Approved by (name and job title): | Signature: | Date Approved: |