SAFE WORK PROCEDURE NAME

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| **Facility:** | **Written By:** | | **Approved By:** | | **Date Created:** | | **Date of Last Revision:** |
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| **Hazards Present:** | | **PPE or Devices Required:** | | | | **Additional Training Required:** | |
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| **Safe Work Procedure:** | | | | | | | |
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| ***If an emergency situation occurs while conducting this task or there is an equipment malfunction, engage the emergency stop and follow the lockout procedure.***  **REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR** | | | | | | | |
| **Guidance Documents/Standards:**  MB Workplace Safety and Health Act and Regulation: | | | | This safe work procedure will be reviewed any time the task, equipment or materials change and at a minimum of every three years. | | | |
| Reviewed By WSH Committee:  Date: | | | |