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: |