

Safe Work Procedure

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| Click here to enter name of Procedure. |
| Key Words : | Click here to enter text. |

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| Department(s): | Click here to enter text. |

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| Program(s): | Click here to enter text. |

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| Safe Work Procedure Developed by: Click here to enter a name |

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| Origin Date of SWPClick here to enter a date. | Replaces previous version:Click here to enter a date. | Date Revised:Click here to enter a date. | \* Date to Review SWP (3 years):Click here to enter a date. |

***\*THIS SAFE WORK PROCEDURE MUST BE REVIEWED ANY TIME THE TASK, EQUIPMENT, OR MATERIALS CHANGE, FOLLOWING AN INCIDENT, AND AT A MINIMUM EVERY THREE YEARS.***

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

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| **REQUIRED TRAINING – list all training that is required previous to completing this procedure****Examples: WHMIS, PPE use/care** |
| 1. Click here to enter text, then press enter for the next line
2.
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| **REQUIRED PERSONAL PROTECTIVE EQUIPMENT / DEVICES and specify type - Remove the rows not required** |
| Eye Protection Required |
| CSA Approved Safety Footwear Required |
| Hearing Protection Required |
| Click here to enter type of glove Gloves Required  |
| Gloves must **NOT** be worn when operating this equipment  |
| Fall Protection Required |
| Laboratory Coat Required |
| Approved Dust Mask Required |
| Approved Respirator Required (fit testing required) |
| Face Shield Required |
| Protective Apron Required |
| Protective Clothing Required  |
| Fume Hood Required  |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |

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| **PROHIBITED ACTIVITIES – List any activities or actions that are prohibited while completing this procedure.** |
| 1. No loose fitting clothing
2. No jewelry, watches, rings, necklaces, etc
3. No long hair or loose hair, must be tired back
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| **POTENTIAL HAZARDS – list all potential hazards associated with this procedure** |
| 1. Entanglement in moving parts
2. Noise produced by machine
3. Sharp edges
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| **PRE-OPERATIONAL SAFETY CHECKS - Enter Pre-Operational checks that must be completed prior to completing this procedure. If there are no pre-operational checks to be performed, enter NA.** |
| 1. Click here to enter text, then press enter for next line.
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| **SAFE WORK PROCEDURE** |
| 1. Inspect required personal protective equipment and replace if required
2. Put on all required personal protective equipment
3. Click here to enter text then press enter for next line.
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| **CAUTION: - Continue entering any caution statements as required.**  |
| 1. **If an emergency situation occurs while conducting this task, or there is an equipment malfunction, shut the equipment off immediately and follow the lock out procedure.**
2. **Report any hazardous situation to your instructor/supervisor immediately.**
3. Click here to enter text, then press enter for next line.
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| **HOUSEKEEPING – List any housekeeping tasks that are required after completing the task.**  |
| 1. Click here to enter text, then press enter for next line.
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| **GUIDANCE DOCUMENTS / STANDARDS / APPLICABLE LEGISLATION / OTHER** **Enter all documents that apply to this procedure/task.**  |
| Guideline Documents: Operator’s ManualCSA Standards:  | Manitoba Regulation 217/06:* 1. Safe Work Procedures
	2. Personal Protective Equipment

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| **Approved by:** |  |
| **Title:** |  |
| **Department:**  |  |
| Signature of Chair/Manager: |  |
| Date Approved : Click here to enter a date. |