

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 SWP  Click 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 |

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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. |
| **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 Manual  CSA 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. | |