

Safe Work Procedure

Safe Work Procedure

Facility:	Written By:	Approved By:	Date Created	Date of Last Revision:

Hazards Present:	PPE or Devices Required:	Additional Training Required:

Safe Work Procedure:
<ol style="list-style-type: none"> 1 Must be developed and implemented for the work carried out at your workplace 2 Use positive language such as "ensure" or "always" instead of "don't" or "never" 3 Summarize the information gathered in the Job Hazard Analysis step 4 Identify the specific job that the procedure applies to 5 Identify who wrote and approved the Safe Work Procedure 6 The original date it was produced and latest revision date to be identified 7 Identify the specific hazards that may be encountered while performing the task/job 8 Identify PPE or other safety devices required to perform the task/job 9 Identify any special equipment or controls that are required (ie. Emergency stops, lock out procedures) 10 Describe the step by step procedures to perform the task/job safely 11 Describe or refer to the steps to follow in an emergency or during an equipment malfunction 12 Refer to guidance documents, standards or legislation that applies to the specific task. 13 If you have more than 20 workers at your workplace, you are required to have a Safety and Health Program and your Safe Work Procedures must be referenced in the section of your Safety and Health Program that relates to hazard identification and control

If an emergency situation occurs while conducting this task, or there is an equipment malfunction, engage the emergency stop and follow the lock out procedure

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Guidance Documents/Standards: MB Workplace Safety & Health Act & Regulations: WSH Act W210 Section 7.4(5)(b) WSH Regulation M.R. 217/2006 Section 2.1 Safe Work Bulletin 249 1 of 3 Safe Work Bulletin 249 2 of 3 Safe Work Bulletin 249 3 of 3	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 Worker Rep/ WSH Committee: Date:
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