

\_\_\_\_\_ (Job Title)

*This task may only be performed by trained personnel*

Department:	Written By:	Approved By:	Date Created:	Date of Last Revision:
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<b>Hazards Present:</b>	<b>Personal Protective Equipment (PPE) or Devices Required:</b>	<b>Additional Training Requirements:</b>

<b>Safe Work Procedure:</b>	
<p><i>If an emergency situation occurs while conducting this task, or there is an equipment malfunction, engage emergency stop and follow the lock out procedure.</i></p> <p><b>REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR</b></p>	

<b>Guidance Documents/ Standards / Applicable Legislation / Other:</b>	<p><i>This Safe Work Procedure will be reviewed any time the task, equipment, or materials change and at a minimum every three years</i></p>