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| --- | --- |
| **TASK DESCRIPTION** | **TASK LOCATION** |
|  |  |
| **POTENTIAL HAZARDS TO WORKER:****(H-HIGH M-MEDIUM LOW-LOW)** | **PERSONAL PROTECTIVE EQUIPMENT / DEVICES REQUIRED / OTHER SAFETY CONSIDERATIONS** |
| **H M L Risk for injury**[ ]  [ ]  [ ]  Awkward/sustained postures [ ]  [ ]  [ ]  Excessive force[ ]  [ ]  [ ]  Repetitive movements[ ]  [ ]  [ ]  Vibration [ ]  [ ]  [ ]  Compression[ ]  [ ]  [ ]  Sharp points or edges [ ]  [ ]  [ ]  Pinch points [ ]  [ ]  [ ]  Material falling [ ]  [ ]  [ ]  Surfaces causing slips, trips or falls[ ]  [ ]  [ ]  Working at heights[ ]  [ ]  [ ]  Moving machinery[ ]  [ ]  [ ]  Chemical contact / fumes [ ]  [ ]  [ ]  Biological hazards[ ]  [ ]  [ ]  Electrical currents [ ]  [ ]  [ ]  Extreme heat or cold affecting [ ]  [ ]  [ ]  Noise[ ]  [ ]  [ ]  Combustibles or flammables[ ]  [ ]  [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * **List Equipment & PPE**
*
* **List Safety Considerations**
*
 |
| **TRAINING & REFERENCE INFORMATION** |
| * **List Training Information**
*

**References*** **List References**
*
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| **Steps to perform this task safely to control the above risks:** |
|  |

I have reviewed this Safe Work Procedure. I understand that this procedure is to be used to comply with [Insert Facility Name] Safety & Health Policies as well as the Manitoba Workplace Safety & Health Act & its Regulations.

**EMPLOYEE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMPLOYEE SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REVIEWED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**