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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** |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**