**Safe Work Practice Job Title or Task:**

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| --- | --- | --- | --- |
| **Department / Area:** | **Approved By:** | **Date Created:** | **Review / Revision date:** |

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| **Hazards:** | **Personal Protective Equipment** **/ Devices required / Other safety considerations** | **Training / Reference information** |
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| **Employers must ensure that workers are trained and follow this safe work practice Steps to complete this task safely:** |
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