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

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

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