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| SWP – | | | | | |
| Facility: | Written by: | Reviewed by: | | Date Created: | Date of last revision: |
|  |  |  | |  |  |
| Hazards Present: | Personal Protective Equipment and Devices Required | | Additional Training Requirements: | | |
|  |  | |  | | |
| **Other Notes** | | | | | |
|  | | | | | |
| **Safe Work Procedure** | | | | | |
|  | | | | | |
| REPORT ANY HAZARDOUS SITUATION OR INJURY TO YOUR SUPERVISOR | | | | | |
| **Guidance documents/standards/legislative requirements:**  **University Policies**  Number:  Subject: Safety and Health Policy | | | Employee name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of review:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |