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