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| **SAFE WORK PROCEDURE** | **Insert Reference Code: e.g.UBC-RMS-OHS-SWP14-001** |
| **Insert Name of Department, Faculty and or Building** | Effective date: Date created Review date: Date reviewed Supersedes: Previous version |

**[Title]**

1. **SCOPE**

Brief description of WHO the document applies to, WHAT it applies to, and WHEN it applies

1. **PURPOSE**

Brief description of WHY the document is necessary

1. **BACKGROUND**

Provide relevant background history or other information that impacts the above two sections

1. **RESPONSIBILITY**

Provide and brief description of WHAT the specific responsibilities are for all the different people involved in the procedure. E.g. Supervisor, student, technician, safety representative.

1. **REFERENCES AND DEFINITIONS**

Provide any references or definitions that will help clarify the subsequent sections. List of acronyms may also be included here.

1. **TRAINING REQUIRED**

List all documented training necessary to perform this procedure

1. **MATERIALS/EQUIPMENT**

List any equipment and materials that are necessary to carry out the task

1. **HAZARDS**

Hazardous equipment, conditions or materials are listed here

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1. **CONTROLS (for above listed hazards)**

Provide a list engineering controls and personal protective equipment (PPE) necessary to ensure the procedure is done safely

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1. **PRE PROCEDURE SET-UP**

Describe what preparation is needed for this procedure to take place

1. **PROCEDURE**

Methodology is detailed in a clear step by step process

1. **POST PROCEDURE/TAKE DOWN**

Procedure is complete, method of disposal and expectation of general housekeeping is detailed

1. **EMERGENCY PROCEDURES**

Reference First-aid and emergency procedure documents (e.g. Building Emergency Response Plan)

1. **OTHER IMPORTANT INFORMATION**

Provide any other information necessary that will help to protect staff against injury and/or damage of property.

1. **REVIEW AND RETENTION**

This SOP is reviewed annually or whenever deemed necessary by the responsible departmental representative in Risk Management Services.

1. **DOCUMENT APPROVAL SIGNATURES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Initial Creation Date:** | | | |
| **History:** | | | |
| **Revised By:** | | | |
|  | Creator | Management | Unit Head |
| Name | [name] | [name] | [name] |
| Date |  |  |  |
| Name |  |  |  |
| Date |  |  |  |