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| **Title:** Task name |
| **Created Date:** **(DD/MM/YY)****Reviewed Date:****(DD/MM/YY)** | **Prepared by:****Approved by:**Director or manager | **Review Period:** **Annually or if procedures change**  |

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| **DESCRIPTION OF TASK:** purpose, general description and cautionary statements regarding the task |

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| **TRAINING REQUIREMENTS:** specific training required to perform this task |

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| **FREQUENCY OF TASK PERFORMED:** Multiple times per day, daily, weekly monthly, yearly, etc.  | **SPECIALIZED EQUIPMENT and PPE (if any):** specialized equipment and/or PPE required to perform this task such as aerial lift, monitoring equipment, respirator, etc. |

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| **REFERENCE TO SPECIFIC HAZARD ASSESSMENT:** reference this task’s specific hazard assessment or set of specific hazard assessments that pertain directly to the work being conducted | **CRITICAL HAZARDS:** list any critical hazards for this task such as working at heights, biohazards, chemical exposure, high voltage, etc.  |

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| **APPLICABLE DOCUMENTS / RECORDS:**permits, logs, plans needed to be completed in order to perform this task | **WASTE DISPOSAL:**Will this task create any hazardous waste that needs to be disposed of in specific ways? |

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| **PROCEDURE:** Step by step account (numbered) on how to safety perform this task |