|  |  |  |
| --- | --- | --- |
| **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** |

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

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

|  |  |
| --- | --- |
| **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. |

|  |  |
| --- | --- |
| **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. |

|  |  |
| --- | --- |
| **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? |

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