**SAFE WORK PROCEDURE TEMPLATE**

This template is intended to assist member businesses develop their own workplace forms. The following information should be used as a guide only. Any wording changes, other than those to insert a business name, may change the context, meaning or purpose of the form. We recommend you receive advice from the Victorian Chamber of Commerce and Industry prior to making such changes.

Contacting the Victorian Chamber of Commerce and Industry

The Victorian Chamber’s team of experienced health, safety and wellbeing and workplace relations advisors can assist members with a range of health, safety, wellbeing, employment, human resources and industrial relations issues.

Our experienced health, safety and wellbeing and workplace relations consultants can also provide assistance to both members and non-members on a range of more complex matters for a fee-for-service. The consultants can, among other things, provide health, safety and wellbeing consulting and training to employees, conduct investigations and provide representation at proceedings at the Fair Work Commission.

For assistance or more information, please contact the Advice Line on **(03) 8662 5222.**

**Disclaimer**

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SAFE WORK PROCEDURE TEMPLATE

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| --- |
| **PPE required:** *[delete images that are not relevant to this task & list any other PPE considered necessary to safely complete the task, but not noted here]*eye foot protectionsafety vestshearing prothead protectionhand protectiondust maskrespiratorhalf face mask respiratorbreathing app hair protectionsafety apronprotective clothingharnesssafety gogglesface shield  |

|  |  |  |  |
| --- | --- | --- | --- |
| Location of task/equipment: | Insert location  | Department: | Name relevant  |
| SAFETY PRECAUTIONS: *[delete images that are not relevant to this task & list any other rules that relate to this task]*PS134S8106CP045CP047PS134S8144S8145S6715S8143S6454S7292S0242S0124S8629S6347S6554S7291* e.g. Not undertaken for more than 2 hours at a time
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| Operational steps (including safety control measures from risk assessment) |
| **PRE-START:** **[INSERT STEPS AS REQUIRED]**1. All high-impact energy sources have been identified
2. Statutory requirements/Authorisations
3. Certification of plant/equipment/structure
4. Certification of workers
5. Environmental impact considerations
6. Spotter(s) needed
7. Notification to all associated personnel (incl workers and neighbours)
8. Review of specific hazards to be faced
9. Access to appropriate hazard control equipment
10. Check PPE for suitability to hazard(s), individual needs, fit — and wear as required
11. Weather conditions/changes expected
 |  |
| **OPERATING : [INSERT STEPS AS REQUIRED]** |  |
| **EMERGENCY/ISOLATING/TROUBLESHOOTING [INSERT STEPS AS REQUIRED]**1. All energy sources have been isolated where possible, and emergency procedures appropriate to the energy considered
2. Report all incidents immediately
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| **END OF TASK:**1. Appropriate housekeeping and clean-up of environment
2.
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| **Training requirements for the safe operation of this procedure**  |
| 1. Induction training
2. General WHS/OHS legislative awareness
3. Manual handling (general)
4. Noise
5. Hazardous substances
6. Electrical hazards
7. Use of PPE
8. Safe machine operation
9. Maintenance & housekeeping procedures
10. Injury, illness, damage and near-hit notification
11. Accident notification
12. Fire and emergency procedures
 |
| **Related Documents:**  |
| (e.g. Job Safety Analysis for a Press Operation)(e.g. Training matrix for…) |
| **Date**: | **Signature of Manager**: |
| **Review Date:** |

|  |  |  |
| --- | --- | --- |
| **Date** | **Name of Worker** | **Signature** |
|  |  |  |
|  |  |  |
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**COMPETENCY ASSESSMENT**

This can be used to record whether or not a worker is competent to perform the task outlined in the Safe Work Procedure.

Instructions:

Observe the worker to see if they perform the task as described in the procedure and use the appropriate Personal Protective Equipment [PPE].

Ask the participant questions about why they need PPE, why the steps must be taken in the stated order etc — to test their understanding.

|  |
| --- |
| **TRAINEE**  |
| Print name: | **Assessment** |
| Signature: | Competent | Not Competent |
| Understands what is required to perform this procedure under supervision | [ ]  | [ ]  |
| Has demonstrated a clear understanding of performing the activity and may perform activities without supervision | [ ]  | [ ]  |
| Has demonstrated that they are capable of training others in this activity | [ ]  | [ ]  |
| **INSTRUCTOR**  |
| Print name: | Date: |
| Signature: |

Completed competency assessment to be returned to**: [INSERT NAME/POSITION]**

Copy 1: Personnel file of each worker.

Copy 2: Safe Work Procedure Competency File.

Record on the training matrix for each worker.