**IMPORTANT!**

These Safe Work Practices have been obtained by mySafetyAssistant, and insert into your manual for you to customize. Ensure you follow the following steps:

1. Download the SWP from mySafetyAssistant (all SWPs are in WORD format for customization purposes)
2. All Safe Work Procedures obtained from mySafetyAssistant must have the consultation of workers and be thoroughly reviewed to ensure they are accurate for your workplace and your jobs! Have workers who are experts in the task review and customize SWP for your workplace, and make specific in regards to brand names, location of equipment etc.
3. Once finalized ensure the workers involved in the customization sign and fill out the bottom section of the SWP. See below as an example.
4. Upload the signed SWP to mySafetyAssistant.ca and train workers.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Guidance Documents / Standards / Applicable Legislation / Other:**  **Guidance Documents**:  **Standards**   * CSA Z94.3-02 Eye and Face Protectors * CSA Z94.4-11 Selection, Use, and Care of Respirators * ANSI Standard Z358.1-04   **MB Workplace Safety & Health Regulation, MR 217/2006:**   * Part 2.1.1 Safe Work Procedures * Part 6 - Personal Protective Equipment * Part 35 – WHMIS * Part 36 – Chemical and Biological Substances * Part 21 .-Emergency Washing Facilities | **This Safe Work Practice will be reviewed any time the task, equipment, or materials change and at a minimum every three years.**   |  | | --- | | Completed / Approved By: | |  | | Date Completed: | |  | | SWP Last Reviewed / Revised by and date: | |  | |

**This Safe Work Practice has had the consultation of the following workers:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**TRAINING!**

**Next , workers will require to be trained on the SWPs. Begin training on the SWP’s that are the highest risk (as per your critical task list – FORM C).**

Workers are required to be trained in a way that ensures workers are able to apply the training provided to protect the safety and health of themselves and others. Just reading a procedure is not considered sufficient. Always use the following steps to ensure competency:

1. **Tell** - Supervisor or experienced person tells workers how to safely perform task.
2. **Show** - Supervisor or experienced person demonstrates how to perform the task safely.
3. **Do** – have worker demonstrate that they know how to safely perform the task
4. **CHECK** – repeat steps 1-3 periodically with worker if they are observed performing task in an unsafe manner, a workplace incident occurs or the SWP is revised. An annual review is the recommended minimum.
5. Document each step in employee training record.