**Safe Work Procedure (SWP) Template**

1. **General Information**

|  |  |
| --- | --- |
| **Purpose** | *To safely carry out [name of task]* |
| **Scope** | *Who does the SWP applies to?* |
| [**Risk Assessment Completed**](https://srs.ubc.ca/health-safety/safety-programs/risk-assessment-safe-work-procedure/)**?** | Yes  No |
| **Location of Risk Assessment** |  |
| **Materials/Equipment Required for Procedure** |  |
| **Procedure Written by:** |  |

1. **Before Commencing Procedure**

|  |
| --- |
| *List specific health hazards and risks (e.g. working alone or in isolation) that you have considered before the activity/job/task(s) has begun* |

1. **Safe Work Procedure**

*Step by step process of how to conduct the task incorporating controls to minimize risk of hazards. Images can be used*.

1. **Post Procedure**

|  |
| --- |
| *List things to consider like disposal, hazardous waste, clean up etc.* |

1. **Personal Protective Equipment**

*List the PPE that will be used as part of this procedure and associated requirements for care and maintenance (if applicable)*

1. **Incidents/Accidents**

*List the information for the person who will be contacted in the event of an incident/accident*

|  |  |
| --- | --- |
| **Contact Name** |  |
| **Contact Number** |  |
| **First Aid (Contact)** | For UBCV Staff, Faculty and Student-Staff we will call 604-822-4444  For UBC V Students we will call 604-822-2222  For Offsite locations, we will call *[insert phone number]* |
| **Are specialized First Aid Procedures required?** | Yes, explain:  No |
| **Are exposure control plans required to be followed?** | Yes  No |
| **Centralized Accident/Incident Reporting System (CAIRS)** | The CAIRS system will be used to report and document incidents that occur as a result of carrying out this procedure |

1. **Emergency Procedures**

*Based on the hazards and risks, identify the potential emergencies that could occur and the steps to take to address it*

|  |  |
| --- | --- |
| **Potential Emergency Situation** | **Steps to address the Emergency** |
| e.g. Serious life-threatening injury | Contact 911 for immediate assistance and then Campus Security (604-822-4444) |
| Eg. An item catches on fire | Follow the steps in the [Building Emergency Response Plan](https://ready.ubc.ca/get-informed/emergency-plans/) [hyperlink to your Building specific plan rather than the template] |
|  |  |
|  |  |
|  |  |

1. **Immediately Reportable to WorkSafeBC**

*Identify if there is a reasonable risk for any of the following immediately reportable incidents to occur while carrying out this procedure*

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Fatality |  |  |
| Serious Injury – life threatening or permanently impairing injury |  |  |
| Major release of a hazardous substance |  |  |
| Fire or explosion that had a potential for causing serious injury to a worker |  |  |
| Major structural failure or collapse |  |  |
| Diving related (decompression illness or over-pressurization) |  |  |
| Blasting (resulting in serious injury or an unusual event) |  |  |

1. **Type of Safe Work Procedure**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Is the SWP to be **broadly used**? (ie. applicable across an entire unit/department/building and not localized to one particular unit or work group) |  |  |

1. **Review**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes, review**  There is a potential that this task could result in an **immediately reportable** incident AND/OR this SWP will be **broadly used** across a unit or department. | | **No, review is not necessary**  The risk of an **immediately reportable** incident (listed above) is minimal AND this SWP is identified is not to be **broadly used** across a unit or department. | |
| Submit the SWP to the applicable [Joint Occupational Health and Safety Committee](https://safetycommittees.ubc.ca/johsc/find-your-johsc/joint-occupational-health-safety-committees/) for their review and comments followed by the Administrative Head of Unit. | | No further review is required though you may still request the SWP to be reviewed by a knowledgeable person, local safety team, [Joint Occupational Health and Safety Committee](https://safetycommittees.ubc.ca/johsc/find-your-johsc/joint-occupational-health-safety-committees/), Safety and Risk Services and/or intra-department safety advisors. | |
| The *[name of JOHSC]* Joint Occupational Health and Safety Committee has reviewed this safe work procedure and provided their comments | Click or tap to enter a date. | *[Name of person],* *[title]* has reviewed this safe work procedure and provided their comments (Optional) | Click or tap here to enter text. |
| Identify the Department (s), Unit(s) or work group(s) to whom this safe work procedure applies |  |
| *[Name of person],* *[title]* has reviewed this safe work procedure and provided their comments | Click or tap here to enter text. |

This Safe Work Procedure will be reviewed annually or whenever deemed necessary by the responsible departmental representative.

1. **Version Control**

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Author** | **Date** | **Summary of Changes** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |