COVID-19 safe work procedurE

Instruction

This COVID-19 Safe Work Procedure (SWP) is used to guide on management of COVID-19 for key tasks and work activities. Further specific information must be provided where required for WHS management of the task or activity.

|  |  |
| --- | --- |
| Task or Activity | [Enter Details] |
| Undertaken by  | [Enter Details] |
| Work Area  | [Enter Details] |

Personal Protective Equipment

|  |  |
| --- | --- |
| COVID-19 PPE  | COVID-19 Equipment |
| [Add details of PPE required]  | [Add details of equipment required] Hand Sanitizer |

COVID-19 Requirements

|  |
| --- |
| [Add details of specific requirements, e.g.: * COVID-19 Pre-Work Check prior to commencing work
* Regular hand washing
* Access to Hand Sanitiser
* Etc.
 |

Pre-Work Check

|  |  |  |
| --- | --- | --- |
| Step No. | Work Task | COVID-19 Controls |
|  |  |  |
|  |  |  |
|  |  |  |

Work Tasks

|  |  |  |
| --- | --- | --- |
|  Step No. | Work Task | COVID-19 Controls |
|  |  |  |
|  |  |  |
|  |  |  |

End of Tasks

|  |  |  |
| --- | --- | --- |
| Step No. | Work Task | COVID-19 Controls |
|  |  |  |
|  |  |  |
|  |  |  |

Approved Personnel

The following Personnel have:

1. Read this Safe Work Procedure
2. Received practical information on the steps to take for COVID-19 in work
3. Had their knowledge and understanding verified, and
4. Have permission to undertake the work task and continue with work.

Declaration

By signing below the, Personnel are confirming that they understand the Safe Work Procedure and actions they must take to manage the risks of COVID-19 in their work practices. If they cannot work safely, they understand that work must stop until it is safe to continue.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & Signature** | **Position** | **Date** | **Approved By** |
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Further Information

|  |
| --- |
| For further information on this Safe Work Procedure please contact [Insert Details].  |

DOCUMENT HISTORY AND TRACKING

[Remove this page prior to issue if not required]

Document History

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Version | Section/s Modified | Brief Description of Amendment | Author | Approver | Issue Date |
| 1.0 |  |  |  |  |  |
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Document Tracking

|  |  |
| --- | --- |
| Document Name | COVID-19 Safe Work Procedure |
| Prepared by | <Prepared By> |
| Reviewed by | <Checked By> |
| Approved by | <Owner> |
| Date Approved | Click or tap to enter a date. |
| Status | Choose an item. |
| Document Number | <Document Number> |
| Version Number | 1. <Version Number>
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| Review Date | Click or tap to enter a date. |