SOP template

Procedure title _____ **Document no. and version** _____

Owner _____ **Date approved** _____

Review by _____

Purpose and scope

What this procedure is for, and where and when it applies.

PPE and equipment

- ☐ Safety glasses
- ☐ Gloves
- ☐ Hearing protection
- ☐ Hard hat
- ☐ Safety shoes
- ☐ High-visibility vest
- ☐ Respirator
- ☐ Face shield
- ☐ Other (write in)

Hazards

What can hurt someone doing this task, and how it is controlled.

Steps

Step	What to do	Watch for	Photo or note

Stop the job if

Any worker can stop the job. Write the conditions that mean stop and call the supervisor.

Approval

Name	Role	Signature	Date