

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

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