

Safe Work Practice (SWP)

Name of Task

Moving/Lifting Equipment

Department/Unit: Trades Programs, Maintenance and Custodial

Personal Protective Equipment or other required equipment and safety considerations: Eye protection, CSA approved footwear, and work gloves. Long hair must be tied back or contained. No loose fitting clothing, or jewelry (watches, rings or necklaces).

Hazards: Pulled muscles, strained back, foot injuries, chemical exposure, and electrocution.

Required Training: • Hands on training with instruction for proper safety procedures.

Steps to be taken to complete task safely:

- 1 Pre-Operational Safety Checks:
 - Turn off the power.
 - Unplug the electrical cord and neatly wrap it up.
 - Inspect required personal protective equipment and replace if necessary.
 - Determine if additional help is required.
- 2 **Prohibited Activities:**
 - Do not move large and/or heavy objects by yourself.
 - Do not pick up equipment and move to the ground.
- 3 Put on all required personal protective equipment.
- 4 Move a cart or trolley close to the counter where equipment is located.
- Adjust the height of the cart or trolley to as close to the same height as the counter top, if possible.
- 6 Move your body as close to the equipment as possible.
- 7 Move the equipment to a cart or trolley of similar height to the counter top.
- 8 Carefully slide equipment on to the cart/trolley.
- 9 Carefully transport the equipment to its new location.

If an emergency situation occurs while conducting this task, or there is an equipment malfunction, shut the equipment off immediately and follow the lock out procedure. Report any hazardous situation to your instructor/supervisor immediately.

Responsibilities, Completion and Review

Management and workers to ensure all duties performed in accordance to training, established health and safety regulations/guidelines, policies and procedures (e.g. utilizing personal, protective equipment as per SAFE Work Procedures). Notify Manager or designates (i.e. supervisors) of all occurrences, injuries illnesses or safety and health concerns which are likely to harm themselves, co-workers, or any others who enter the premises.

Completed by and Date:	Approved by:
Last Reviewed/Revised by and Date:	Note: This task will be monitored periodically to ensure
	compliance and effectiveness.