**SAFE WORK PROCEDURES / STANDARD OPERATING PROCEDURES SIGN-OFF**

This form is to certify that you have:

* Read the Safe Work Procedures (SWPs) / Standard Operating Procedures (SOPs) relevant to your role
* Understand how to apply the SWPs / SOPs to your work
* Know where to locate a copy of the current SWPs / SOPs.

The original signed and dated form should be filed with your training records OR in your personnel files.

**Name of Worker:**

|  |  |  |  |
| --- | --- | --- | --- |
| SWP / SOP Number and Title | Version | Date read | Signature |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |