**WORK INSTRUCTION TEMPLATE – CSaIM UNIT**

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| **Title** | | | | | | | | | | | | | | |
| **No.** | XXX WI | **Issue Date:** | |  | | **Version No.:** | |  | | **RA No.** | |  | | |
| **Position Responsible for Task:** | |  | | | | **Authorised by:** | | | |  | | | | |
| **HAZARDS:** | | Manual Handling, Slips/trips/fall, Cuts/contusions, Sprains/strains, Chemical splash, Electric shock, Irritation to eyes/nose/throat by dust or chemical, Exposure to bodily fluids, Infection | | | | **LICENSING/TRAINING** | | | | WI Training  Hand Hygiene Training  Manual Handling  Infection Control | | | | |
| **PPE:** | |  |  | |  | |  | |  | |  | |  | |
|  |  | |  | |  | |  | |  | |  | |
| **EQUIPMENT/MATERIALS:** | |  | | | | | | | | | | | | |
| **PERMIT TO WORK:** | |  | | | | **PRE START CHECKS:** | | | |  | | | | |
| **Instructions**  **SAFETY**  **Process**  ***Key Points*** | | | | | | | | | | | | | |
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