PHYSICAL PLANT
Health & Safety Programs

SAFE JOB PROCEDURE REVIEW AND DEMONSTRATION OF COMPETENCY

Department:_____

SJP Reviewed:_____

By signing below, you are acknowledging that:

- You have reviewed the Safe Job Procedure.
- You understand the Safe Job Procedure.
- You agree to perform all applicable work tasks in accordance with the Safe Job Procedure.

Demonstration of competency: Supervisor initials upon observing the employee complete the task as per the Safe Job Procedure.

NAME (Print)	SIGNATURE	DATE	COMPETENCY CHECK – SUPERVISOR INITIAL

Page number:_____