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| Company Logo | **Safe Work Procedure** | **Manufacturer: Clorox** |
| **Safe Handling and Use of**  **Household Bleach** |

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| **Created / Reviewed by:**  (insert workers names) | **Approved By:**  (Senior Mgmt) | **Date Created:** | **Date of Last Revision:** |

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| **Function: Use as a cleaner, disinfectant or laundry application to whiten clothing** | | | |
| **DANGER: Failure to follow this Safe Work Practice may result in SERIOUS INJURY or DEATH** | | | |
| **Hazards Present:** | | | |
| M:\Clipart\Safety Clip Art 2\MEGAVOL2\HAZAREAS\INHALHZD.WMFInhalation | Burn | Corrosive |  |
| **Required Personal Protective Equipment (PPE) / Controls:** | | | |
| M:\Clipart\Safety Clip Art 2\MEGAVOL1\PPG\GLASSES5.WMFEye Protection (goggles) | M:\Clipart\Safety Clip Art 2\MEGAVOL1\PPG\MASK_03.WMFRespiratory  Protection | **F**ull  M:\Clipart\Safety Clip Art 2\MEGAVOL1\PPG\SHIELD_2.WMFFaceshield | Gloves (rubber or nitrile)M:\Clipart\Safety Clip Art 2\MEGAVOL1\PPG\GLOVES4.WMF |
| ***NOTE:*  *All procedures obtained from mySafetyAssistant™, operator manuals or other samples must have the consultation of workers and be thoroughly reviewed to ensure they are accurate for your workplace and your jobs!***  ***NOTE*: Workers must be trained in a way that demonstrates they are competent. JUST READING a SWP is NOT training. Workers must demonstrate they can safely perform task and trainer/supervisor must follow up regularly to ensure workers are performing task in a safe manner. Document each occurrence in the employee’s training record.**  **Remove this box once consultation with the workers has been completed** | | | |
| **Additional Requirements:**   * WHMIS * MSDS | | | |
| **Pre-Use Inspection:**   * Ensure container is properly labeled with a legible supplier or workplace label. * Inspect container for wear, damage, leaks or defects. | | | |
| **Handling Procedures:**  Before Using Bleach, always read the label for proper usage.  **DANGER: CORROSIVE. May cause irritation or damage to eyes and skin. Vapor mist may cause irritation. Harmful if swallowed.**  **Heat conditions or chronic respiratory problems such as asthma, emphysema, chronic bronchitis or obstructive lung disease may be aggravated by exposure to high concentrations of bleach vapor or mist.**   1. Store bleach out of reach of children and away from animals. 2. Lock bleach in a secure area. Trusting a child resistant closure cap is not sufficient. 3. Re-close cap tightly after use. Child resistant caps are not effective unless caps are closed tightly. 4. Wear rubber or nitrile gloves when handling bleach. 5. Wear goggles to protect eyes from splashing bleach. 6. Avoid contact with eyes, skin and clothing. 7. Clear area of bystanders when cleaning a large area (floors, walls etc.). 8. Use general ventilation to minimize exposure to vapors and mists and allow surfaces to dry completely before allowing anyone to enter area. 9. DO NOT use bleach in full strength for cleaning surfaces. Always dilute in accordance with label directions. 10. Label all diluted solutions (bottles or containers) with workplace labels. 11. Bleach solutions must be made fresh before use. Diluted bleach breaks down into salt and water quickly. 12. Wash hands after direct contact. 13. DO NOT wear product-contaminated clothing for long periods of time. 14. Rinse and flush out spray bottles with metal parts in the trigger spray. Bleach will corrode these parts over time.   **Incompatibilities:**   1. **Never mix bleach with an unknown compound mixture** 2. **ALWAYS read MSDS’ compatibility information before adding bleach.**   **SEE chart below for Chemical Compatibility Information for Sodium Hypochlorite (Bleach)**    *Resource chart is from the Occupational Hygiene and Safety Division Duke OESSO* | | | |
| **First Aid:**   1. Eye Contact: Hold eye open and rinse with water for 15-20 minutes. Remove contact lenses, after first 5 minutes. Continue rinsing eye. Call a physician. 2. Skin Contact: Wash skin with water for 15-20 minutes. If irritation develops, call a physician. 3. Ingestion: Do not induce vomiting. Drink a glassful of water. If irritation develops, call a physician. Do not give anything by mouth to an unconscious person. 4. Inhalation: Remove to fresh air. If breathing is affected, call a physician. | | | |
| **Spill Procedure**   1. Contain liquid and use absorbent materials on residual liquid. 2. Wash area and let dry. 3. For spills of multiple products, assess the hazard and consult the MSDS for each product and be aware of products that are incompatible with sodium hypochlorite. Wear breathing protection in enclosed areas until hazard assessment is complete. | | | |
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| **Guidance Documents / Standards /Applicable Legislation / Other:**  **Guidance Documents**:   * Material Safety Data Sheet (MSDS)   **CSA Standards - (NOTE: when referencing CSA Standards, a copy of the standard must be available for workers to review)**   * CSA Z94.3-02 Eye and Face Protectors * CSA Z94.4-02 Selection, Use and Care of Respirators   **Manitoba Workplace Safety & Health Regulation**  **MR 217/06:**   * Part 6 Personal Protective Equipment * Part 35 Workplace Hazardous Materials Information Systems Application * Part 36 Chemical and Biological Substances Application | **This Safe Work Procedure will be reviewed any time the task, equipment, or materials change and at a minimum every three years.**  ***Disclaimer:*** *Any references to legislation such as the Manitoba Workplace Safety and Health Act or Regulation or Standards, Codes of Practices or Guidelines are for convenience sake only. The original text must be consulted for all intents and purposes of applying and interpreting the law.* |
| **This Safe Work Practice has had the consultation of the following workers:**  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_  Retain the draft review with employee consultation signatures on file. On final version manually type in employees names that were consulted. | |