### STANDARD OPERATING PROCEDURE

**TASK:** Operating a Portable Angle Grinder

| **HAZARDS:** | Electrical rotating tool.  
|              | Respiratory damage.  
|              | Eye damage.  
|              | Hand and finger damage.  
|              | Fire hazard. |

| **PROTECTIVE EQUIPMENT AND EMERGENCY EQUIPMENT** | Respiratory protection ie dust mask, respirator.  
|                                                  | Eye damage ie safety glasses, goggles.  
|                                                  | Hand protection ie gloves  
|                                                  | Protective clothing and footwear.  
|                                                  | Fire extinguisher. |

**BEFORE YOU START**

- Ensure area is free from trip hazards. Flammable material is removed or protected. Fire extinguisher is available.
- Inspect cable and plug for damage.
- Check that the work to be ground is held securely.
- Operate tool without protective equipment in place.
- Leave tool with the power connected. Set tool down whilst still in motion.

**NEVER........................**

- Ensure the on-off switch is working normally.
- Select the correct type of grinding wheel for the job to be done.
- Ensure the wheel is installed correctly and that guard is in place.
- Check that other workers are not at risk. Don eye and hand protection.
- Use firm pressure without overloading the tool.
- Allow grinder to stop before setting down.

**WHEN YOU FINISH**

- Remove plug from power. Coil the lead and store safely.
- Clean area.
**OHS Consultation and Approval**

(Ensure this section is completed and copied onto rear of SOP)

**OHS Consultation**

(Completion Instructions)
Print names and enter signatures and dates to certify that the persons named in this section have been consulted in relation to the development of this Standard Operating Procedure. Note that the OHS Representative (OHS Committee) certifies that consultation has taken place, and may not be involved in the original consultation.

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<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Signature</th>
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<tbody>
<tr>
<td>Manager/Supervisor</td>
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<td>First employee using SOP</td>
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<td>Second employee using SOP (if applicable)</td>
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<td>OHS Representative (OHS Committee)</td>
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**SOP Approval**

_Name Authorising (Printed):_ .................................................................

_Signature: _....................................................... _Date: _........................................