SOP No: VA9 .......................... Version: 1 ............................... Date: .....................

Dept/Div/School: Visual and Performing Arts

Supervisor/Manager: __________________________________________

Other Contacts: __________________________________________

HAZARDS: High speed rotating machinery with saw blade.
Damage to hands and fingers.
Eye and hearing damage.
Trips and falls.

PROTECTIVE EQUIPMENT AND EMERGENCY EQUIPMENT
Eye protection ie: goggles, visors.
Hearing protection ie: ear muffs, ear plugs.
First aid equipment.

BEFORE YOU START
Ensure area is clear and free from off cuts. Select saw with sufficient power and depth of cut. Examine blade for sharpness, chips and set. Inspect cable and plug and that guard operates freely.

NEVER.........................
Attempt to cut curves. Cut without base plate in contact with work. Made adjustments with power connected. Put saw down with blade running.

JOB STEPS
• Ensure that the trigger switch lock out button is working.
• Check that the material to be cut is held firmly in place.
• Ensure front of base plate rests on work before operating saw.
• Examine the timber for flaws and to determine thickness.
• Use firm forward pressure without forcing the blade.
• Seek assistance when cutting long or heavy timber.

WHEN YOU FINISH
Remove the plug from power source. Ensure area is left clean.
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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<tr>
<th>Position</th>
<th>Name</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:* ..................................................