**STANDARD OPERATING PROCEDURE**

**TASK:** Portable Mitre Saw.  Bld. 21. rm.271

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<thead>
<tr>
<th>SOP No:</th>
<th>VA18</th>
<th>Version:</th>
<th>1</th>
<th>Date:</th>
<th>9/07</th>
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**Dept/Div/School:** Visual and Performing Arts  
**Supervisor/Manager:** Lecturing/ Technical Staff  
**Other Contacts:** Facilities Manager

**HAZARDS**
- High speed rotating machinery with saw blade
- Damage to hands and fingers
- Eye and hearing damage
- Hair and loose clothing
- Trips and falls

**PROTECTIVE EQUIPMENT AND EMERGENCY EQUIPMENT**
- Eye protection – goggles
- Hearing protection- ear muffs
- Suitable approved clothing and shoes
- Long Hair – tied back
- Access to First Aid Kits
- Access to emergency stop buttons if available

**BEFORE YOU START**
- Ensure area is clear and free from obstacles
- All guards are secure and correctly positioned.
- Ensure machine is securely positioned on a table or suitable work area.

**NEVER.........................**
- Attempt an operation if you are unsure of what you are doing.
- Place hands in line of cut

**JOB STEPS**
- Ensure that the trigger switch is working correctly
- Check that the material to be cut is held firmly in place by the appropriate clamps.
- Ensure that the swivel base plate is locked in position
- Ensure that the blade has completed it full cut before releasing the trigger
- Ensure the blade has stop before removing any off-cuts

**WHEN YOU FINISH**
- Remove plug from the 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.

<table>
<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:* ........................................