## LOCATION:
Jewellery Machine Workshop Bld 21 Rm 261.

### SOP No: VA25  Version: 1  Date: 10/07

### Dept/Div/School:
Visual and Performing Arts.

### Supervisor/Manager:
Facilities Manager

### Other Contacts:
Lecturing/Technical Staff

### HAZARDS:
- High Speed rotating blades (range of Industrial Machinery)
- Eye and hearing damage.
- Hand and finger damage
- Hair and loose clothing.
- Respiratory damage.

### PROTECTIVE EQUIPMENT AND

**Eye protection:** goggles

**Hearing protection:** earmuffs

**Suitable approved clothing and footwear:**

- Long hair - tied back.
- Respiratory protection - appropriate masks are worn.

### EMERGENCY EQUIPMENT

- Access to Emergency Stop Buttons
- Access to First Aid Kits.

### BEFORE YOU START
Ensure you have all the appropriate equipment and have read the relevant SOPs for the task you are performing.

SOPs for this workshop:

### ALWAYS
Seek assistance if you are unsure of the task you are performing.

### JOB STEPS
- Ensure you are approved to use a particular machine by lecturing staff.
- All machines are operated during the ‘student access’ period (9.00-5.00 Monday-Friday)
- Ensure that the machinery and surrounding areas are clean and free of obstacles.
- Any faulty equipment is withdrawn and reported immediately to staff.

### WHEN YOU FINISH
Isolate machines at appropriate point; all work areas and machines are left in a clean and tidy condition; any trade waste is disposed of in the appropriate way.
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:_ ……………………………………