# STANDARD OPERATING PROCEDURE

**TASK:** Portable LPG/Oxygen Torch

### HAZARDS:
- Burns to fingers/hands/body.
- Fume inhalation.
- Eye damage

### PROTECTIVE EQUIPMENT AND EMERGENCY EQUIPMENT
- Eye goggles – welding safety approved standard, Fume extraction, Apron, Workshop specific clothing.
- First Aid Kit.

### BEFORE YOU START
- Ensure gas main is switched on.
- Remove any flammable items from workstation. Including paper, lighters etc. Ensure you have been inducted and has approval of use from staff.

### ALWAYS
- Ensure all flammable items are clear of work space!
- Warn others before commencing.

### JOB STEPS
- Ensure gas main is switched on.
- Work space is clean and clear of flammable debris before flame is ignited.
- Ensure gas is always turned on first and switched off last when adding oxygen. Ensure regulators are set correctly and pressure is set appropriately for material being worked on.
- Behave in a safe and appropriate manner at all times.
- Warn others when working on materials of risk.
- Use appropriate flame for the object being worked on.

### WHEN YOU FINISH
- Ensure flame is extinguished completely.
- Return all equipment and clean area thoroughly.

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