# STANDARD OPERATING PROCEDURE

**TASK:** Operating a Vertical Drill Press

| HAZARDS: | High speed rotating machine with drill bit.  
|          | Eye damage.  
|          | Hand and finger damage.  
|          | Hair and loose clothing.  |

| PROTECTIVE EQUIPMENT AND EMERGENCY EQUIPMENT | Eye protection ie: goggles, visor.  
|                                             | Swarf rake to be used as required.  
|                                             | Suitable approved clothing and footwear.  
|                                             | Hair nets to be used if required.  |

**BEFORE YOU START**

- Ensure the machine and surrounding area is clean.  
- Ensure all guards are in place and secure.  
- Select correct drill, correctly sharpened and shank free from burrs.  
- Adjust table height and depth stop.  

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

- Operate machine without safety equipment in place.  
- Remove swarf while machine is in motion.  
- Adjust machine or change bits with power on.  

**JOB STEPS**

- Ensure the emergency cut out switch is working correctly.  
- Secure work in vice or jig.  
- Insert drill in chuck, tighten with key and remove before starting.  
- During drilling operations remove swarf with swarf rake.  
- Seek assistance when drilling long lengths of material.  
- Remove drill from chuck.  

**WHEN YOU FINISH**

- Isolate machine. Ensure area and machine is left in clean condition.
**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:* .................................................................