**TASK:** Band Saw (Vertical)

<table>
<thead>
<tr>
<th>HAZARDS:</th>
<th>High speed machinery with rotational saw blade. Major damage to fingers and hands. Eye and hearing damage. Respiratory damage from associated machinable materials.</th>
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</thead>
<tbody>
<tr>
<td>PROTECTIVE EQUIPMENT AND EMERGENCY EQUIPMENT</td>
<td>Eye goggles. Hearing protection. Dust mask. First Aid Kit</td>
</tr>
</tbody>
</table>

**BEFORE YOU START**
- Ensure induction has been carried out and approval of use given by staff. Work area must be clean and free of debris. Ensure correct speed for material being cut is selected.
- Ensure height guides are adjusted correctly.

**ALWAYS..........................**
- Ensure fingers are clear of blade.

**JOB STEPS**
- Ensure emergency cut off switch is working.
- Check guards are tight and in correct position.
- Ensure correct cutting speed is selected.
- Examine piece to be cut, mark lines to follow.
- Use wooden pusher/support on small pieces of material.
- Never cut round or bowed material. Never force material into the blade- let the blade do the work!

**WHEN YOU FINISH**
- Isolate machine. Ensure area is clean and all swarf disposed of correctly.

NOTE: This machine is operational 9am-5pm Monday to Friday only. Machinery will be locked at 5pm daily.
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>
<th>Date</th>
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<tbody>
<tr>
<td>Manager/Supervisor</td>
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<tr>
<td>First employee using SOP</td>
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<tr>
<td>Second employee using SOP (if applicable)</td>
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<tr>
<td>OHS Representative (OHS Committee)</td>
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SOP Approval

Name Authorising (Printed): ...............................................................................................................

Signature: ............................................................................. Date: ...........................................