STANDARD OPERATING PROCEDURE

TASK: Operating a Milling Machine

SOP No: VA5 ..................... Version: 1 ...................... Date: 28/02/07 ..... 

Dept/Div/School: Visual and Performing Arts

Supervisor/Manager: ________________________________

Other Contacts: ________________________________

HAZARDS:
- Rotating machinery with cutting head.
- Hand and finger damage.
- Eye damage.

PROTECTIVE EQUIPMENT AND EMERGENCY EQUIPMENT
- Eye protection ie safety glasses, goggles, visor.
- First aid equipment.

BEFORE YOU START
- Ensure that machine and area is clear and that all guards are in place and securely fastened. Ensure work is secure in vice or jig.

NEVER.........................
- Never operate machine without protective equipment in place. Remove swarf or metal chips by hand.

JOB STEPS
- Ensure the emergency cut off switch is working properly.
- Isolate machine before changing cutters.
- Warn other workers and switch on machine.
- Allow milling bit to reach operational speed.
- Adjust depth of cut.
- Switch off machine before removing work.

WHEN YOU FINISH
- Isolate machine at appropriate point. Ensure the 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.

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