STANDARD OPERATING PROCEDURE

TASK: Operation of Band Saw

SOP No: VA11  Version: 1  Date: ....................

Dept/Div/School: Visual and Performing Arts

Supervisor/Manager: _____________________________

Other Contacts: _____________________________

HAZARDS:
High speed machinery with saw blade.
Major damage to hands and finger.
Hearing and eye damage.
Trip hazards.

PROTECTIVE EQUIPMENT AND EMERGENCY EQUIPMENT
Hearing protection ie: ear muffs, ear plugs.
Eye protection ie: goggles, visors.

BEFORE YOU START
Ensure that the machine area is clean and free from off cuts. Ensure that the blade is correct type, is tensioned and tracks correctly. Ensure that table is square (at 90 degrees) to the blade. Guides, thrust wheels and upper guide post is correctly adjusted. All guards are correctly positioned and secure.

NEVER....................
Attempt to remove off cuts from the table when saw is running. Stand on the right hand side of the band saw.

JOB STEPS
• Ensure the emergency cut-out switch is working correctly.
• Visually check the guards are in place and secure.
• Visually examine the timber, discard badly twisted material.
• Bowed timber to be cut with the round face down to the table.
• When cutting with a side fence the round side is placed against the fence.

WHEN YOU FINISH
Isolate the machine. Ensure area is clean and off-cuts removed.
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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<th>Position</th>
<th>Name</th>
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<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: ................................................