**TASK:** Operating a Wood Lathe  
**Bld:** 21  **rm:** 271

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<th>SOP No: VA19</th>
<th>Version: 1</th>
<th>Date: 9/07</th>
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<tr>
<td>Dept/Div/School: Visual and Performing Arts</td>
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<td>Supervisor/Manager: Facilities Manager</td>
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<td>Other Contacts: Lecturing/Technical Staff</td>
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### HAZARDS
- Rotating spindle/work – entanglement
- Eye injuries – flying debris – defects in timber
- Airborne dust.
- Hair and loose clothing

### PROTECTIVE EQUIPMENT AND EMERGENCY EQUIPMENT
- **Eye protection-** goggles
- **Hearing protection-** ear muffs
- **Suitable approved clothing and footwear**
- **Long hair – tied back**
- **Dust – dust mask /extraction unit to be operated**
- **Access to First Aid Kits**
- **Access to Emergency Stop buttons**

### BEFORE YOU START
- Ensure the machine and area is clean and free from obstacles
- Ensure safety guards are in position.
- Locate and ensure you are familiar with the on/off switch.
- Ensure the work piece has been suitably prepared for the lathe operation.

### NEVER
- Leave the machine running unattended

### JOB STEPS
- **Work piece must be securely fastened to face plate, chuck or between centres**
- **Adjust speed to suit the diameter of the work and turning operation**
- **Rotate the work piece by hand to check clearance between tool rest and bed**
- **Keep the tool rest adjusted close to the work and at the correct height**
- **Stop the lathe and remove all tool rests before sanding**

### WHEN YOU FINISH
- Isolate machine. Leave the machine in a safe, clean and tidy state.
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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<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Signature</th>
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<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: ..........................