STANDARD OPERATING PROCEDURE

**TASK: VACUUM CASTER (CASTING – THE POUR)**

**SOP No:** VA43 ........................ **Version:** 1 .......................... **Date:** February 2008

**Dept/Div/School:** SVPA

**Supervisor/Manager:** COURSE COORDINATOR

**Other Contacts:** LECTURING / TECHNICAL STAFF

<table>
<thead>
<tr>
<th>HAZARDS:</th>
<th>Respiratory damage. Eye damage.</th>
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<tbody>
<tr>
<td>PROTECTIVE EQUIPMENT AND EMERGENCY EQUIPMENT</td>
<td>Eye goggles, Chemical mask, apron, heat protective gloves. First Aid Kit</td>
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**BEFORE YOU START**

Ensure work space is clean and clear of debris. You have received an induction for the process.

**ALWAYS.......................**

Ensure you have assistance from a classmate or staff member for this procedure!!

**JOB STEPS**

- Ensure machine is clean, including seals and assistant is clear on the correct operation of machine.
- Ensure metal is molten and ready to be poured.
- Assistant removes flask from kiln – burnout is completed - and places into machine upside down (hole should be facing up). This has to be done carefully any shocks to the flask can cause internal cracks in the investment at this point.
- Machine is turned on - switch aligned to ‘Chamber’. And the molten metal is poured into the cavity.
- Flask is then placed in a large bucket of water and investment is removed – this step must be carried out under fume hood and with protective clothing
- Once investment is removed metal is pickled thoroughly.

**WHEN YOU FINISH**

Ensure machine is clean and free of debris and machine is switched off. All equipment must be put away.
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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</thead>
<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:* .................................................................