TASK: Use of Compressed Air

SOP No: VA12 ..................... Version: 1......................... Date: .....................

Dept/Div/School: Visual and Performing Arts

Supervisor/Manager:_____________________________________________________________

Other Contacts:_______________________________________________________________

HAZARDS:
High pressure air in storage cylinder.
Eye and hearing damage.
Air bubbles in bloodstream.

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

BEFORE YOU START
Ensure area is clear and all guards are in place.
All outlets are closed.
Nearby personnel are aware.

NEVER.........................
Direct air towards eyes or skin. Use air without PPE in place.

JOB STEPS
• Ensure isolation valves are in off position.
• Start the compressor and observe operation.
• Manually test storage cylinder safety valve.
• Drain excess water at cylinder.
• Examine hoses and attachments for defects before connecting to outlets.
• Commence work always directing air towards working area.

WHEN YOU FINISH
Shut isolation valves. Stop compressor. Drain air from lines and cylinder. Roll up hoses and ensure work area is left in orderly condition.
**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>
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<tbody>
<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:* ........................................