## Standard Operating Procedure

**Location:** H.R. Gallop Gallery

**SOP No:** VA20  
**Version:** 1  
**Date:** 10/07

**Dept/Div/School:** Visual and Performing Arts.

**Supervisor/Manager:** Facilities Manager

**Other Contacts:** Lecturing/Technical Staff

### Hazards:
- Trip and fall hazards.
- Manual handling

### Protective Equipment and Emergency Equipment
- Suitable clothing and footwear appropriate to the tasks being performed.
- Access to First Aid Kit.
- Access to phone for after hours periods.

### Before You Start
Ensure you have booked in to the space and the appropriate notification of your presence has been recorded.

### Always
Ensure you have the correct tools and assistance to help with hanging and mounting of art works.

### Job Steps
- Plan the layout for your works in a systematic approach and maintain the area in a safe working condition.
- Ensure the stepladder is stable and secure when being used to hang works.
- If unsure of any operation please consult appropriate staff for assistance.
- Ensure that all works are securely and appropriately mounted. (hanging system is available)
- Ensure that assistance is arranged, to adjust or change any lighting requirements.
- Ensure that all cables/wiring are appropriately secured and covered to avoid any trip hazards.

### When You Finish
Ensure the area is left in a clean and safe 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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<thead>
<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:* .................................................................