## STANDARD OPERATING PROCEDURE

**TASK:** Hydraulic Press

**SOP No:** VA35  
**Version:** 1  
**Date:** February 2008

**Dept/Div/School:** SVPA

**Supervisor/Manager:** COURSE COORDINATOR

**Other Contacts:** LECTURING / TECHNICAL STAFF

### HAZARDS:
- Eye damage.
- Object shatter resulting in eye/body damage.

### PROTECTIVE EQUIPMENT AND EMERGENCY EQUIPMENT
- Eye goggles.
- First Aid Kit.

### BEFORE YOU START
Ensure you have received induction from staff on appropriate use of machine, have read SOP and protective screen/safety guard is in place.

### ALWAYS.......................
Wear safety goggles. Notify staff of any faults or changes in machine operation.

### JOB STEPS
- Ensure safety goggles are worn.
- Press table must be clean and steel weights are flat and secure on table.
- Ensure forming die/cutting die is safe (ie: no cracks) and material is appropriate thickness annealed and safe to use on press.
- Use press handle to lower press hammer (slowly), once hammer makes contact with object watch PSI guage and note pressure.
- Once material is pressed release pressure at release valve and return handle to storage position

### WHEN YOU FINISH
Ensure handle is returned to storage position, clean area thoroughly and return all equipment.
## 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>
<th>Signature</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*: ........................................