## STANDARD OPERATING PROCEDURE

### TASK: VACUUM CASTER (INVESTMENT)

<table>
<thead>
<tr>
<th>SOP No:</th>
<th>VA44..................</th>
<th>Version:</th>
<th>1..................</th>
<th>Date:</th>
<th>February 2008</th>
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<tbody>
<tr>
<td>Dept/Div/School:</td>
<td>SVPA</td>
<td>Supervisor/Manager:</td>
<td>COURSE COORDINATOR</td>
<td>Other Contacts:</td>
<td>LECTURING / TECHNICAL STAFF</td>
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#### HAZARDS:
- Respiratory damage. Eye damage.

#### PROTECTIVE EQUIPMENT AND EMERGENCY EQUIPMENT
- Eye goggles, Chemical mask, apron.
- First Aid Kit

#### BEFORE YOU START
- Ensure work space is clean and clear of debris.
- You have received an induction for the process and are clear on all steps of the procedure.

#### ALWAYS....................
- Ensure you have assistance from a classmate or staff member when casting.

#### JOB STEPS
- Ensure machine is clean. Mix investment as per casting procedure notes. Place investment bowl on spring base and cover with plastic bell.
- Turn machine on and switch lever to ‘Invest’ (small end of lever is the pointer)
- This ensures that trapped air bubbles are removed from investment slurry. Wait for mixture to rise (it may bubble over) and collapse. 10 seconds after collapse switch off the vacuum.
- Pour investment into flask and repeat vacuum process – this ensures that any bubbles trapped in between investment and wax models are removed.
- Place flask in a cool place and allow to set (overnight).

#### 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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<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:* .................................