**Task: Appropriate Clothing - Set Construction**

**SOP No:** PA2  
**Version:** 1  
**Date:** 1 September 2006

**Dept/Div/School:** SVPA  
**Supervisor/Manager:** COURSE COORDINATOR  
**Other Contacts:** LECTURING/TECHNICAL STAFF

### Hazards:
- Manual Handling,

### Protective Equipment and Access to First Aid Kit
- As per SOPs PA1, PA4, PA5, PA8, PA9, PA10
- Leather Gloves.
- Latex/PVC gloves
- Fully enclosed, substantial footwear.
- Suitable clothing
- Dust Masks, Eye Protection, Hearing Protection

### Before You Start
- Consult any relevant MSDS

### Always
- Have the correct tools and levels of crewing.
- Use CSU Incident/Accident Report forms for every accident or incident; this includes near misses

### Things to Note
- Use Leather Gloves when handling/assembling sets
- Use Latex/PVC gloves for all painting.
- Wear fully enclosed, substantial footwear. Some fashion sports shoes do not provide sufficient protection. Feet should be totally enclosed.
- Wear appropriate clothing. Light weight cotton and fashion pants are not suitable. Suitable attire should also be worn on the upper body.
- Reasonable protection from the sun when working outdoors. ie. Hats, covered shoulders, sunscreen.
- Use appropriate eye protection, safety glasses and hearing protection. You should have your own.
- Dust masks must be worn when cutting MDF and sanding.
- Seriously consider the purchase of a pair of overalls and a pair of leather workboots.

### When You Finish
- Clean up and ensure all staging is assessed by a team leader as being in a safe state.
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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<th>Position</th>
<th>Name</th>
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<td>Manager/Supervisor</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: .................................