### Task: Vertical & Horizontal Milling Machine

**SOP No:** VA45

**Version:** 1

**Date:** February 2008

**Dept/Div/School:** SVPA

**Supervisor/Manager:** COURSE COORDINATOR

**Other Contacts:** LECTURING / TECHNICAL STAFF

#### Hazards:
- High speed rotating machine with cutting tool.
- Risk of scalp damage.
- Hand and finger damage. Eye, respiratory and hearing damage.
- Loose clothing/hair/accessories may get caught.

#### Protective Equipment and Emergency Equipment
- Eye goggles, Ear muffs, apron, mask.
- First Aid Kit

#### Before You Start
- Ensure you have received and passed induction for this equipment.
- Safety equipment must be worn at all times.
- If you are unsure of any function of this machine get assistance from Lecturing/Technical staff.

#### Always
- Keep fingers away from the cutting tool!

#### Job Steps
- Ensure material to be machined is appropriate size and will mill safely.
- Secure material in jaws of vice (remove all debris from vice to ensure material is positioned accurately) and position tooling appropriately. Ensure correct cutting bit is selected and machine is set at correct speed for the material you are machining. (Always ask for assistance if you are unsure of procedures).
- Before turning machine test machine controls and note the direction of each action. Always ensure machine is switched on and running clockwise – never cut material with machine in counter clockwise motion.
- Always raise the bed of the machine to the tooling – rather than lowering the tooling to the material. This will reduce movement which may cause inaccuracy during machining.
- Do not exceed a depth of cut greater than the tooling can handle. Always cut small amounts of material.
- Once work is completed switch machine off and wait for tooling to stop before inspecting work.

#### When You Finish
- Isolate machine and ensure the area is clean and swarf disposed of correctly.

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**NOTE:** This machine is operational between 9am and 5pm Monday to Friday. Students may only operate under supervision. Machines will be switched off at 5pm daily.
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>
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<td>Manager/Supervisor</td>
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<td>OHS Representative (OHS Committee)</td>
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SOP Approval

Name Authorising (Printed): .................................................................

Signature: ........................................ Date: ......................................