### STANDARD OPERATING PROCEDURE

**TASK:** Test & Tag non-CSU Equipment.

<table>
<thead>
<tr>
<th>SOP No:</th>
<th>PA13</th>
<th>Version:</th>
<th>1</th>
<th>Date:</th>
<th>4\textsuperscript{th} October 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept/Div/School:</td>
<td>SVPA</td>
<td>Supervisor/Manager:</td>
<td>COURSE CO-ORDINATOR</td>
<td>Other Contacts:</td>
<td>LECTURING / TECHNICAL STAFF</td>
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**HAZARDS:**

Electrocution or fire caused by faulty or unsafe electrical appliances.

**PROTECTIVE EQUIPMENT AND EMERGENCY EQUIPMENT**

**BEFORE YOU START**

All non-CSU electrical appliances must be tested & tagged as safe before being used in productions, rehearsals or in the teaching environment.

**ALWAYS............................**

Have all electrical appliances checked before you use them on campus or in a production.

**JOB STEPS**

- Bring the appliance(s) into the AV Store (allowing at least 2 to 3 working days to process).
- After it has been tested & tagged as safe an appliance can then be used on campus or in a production.
- If an appliance is declared unsafe it must not be used under any circumstances.
- All tags will expire 3 months after the date of testing; therefore appliances must be re-tested before being used on another production or at a later date.

**WHEN YOU FINISH**

Remove the tag after the 3 month period has expired.
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>
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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:* ..................................