TASK: Lathe (Metal Working)

SOP No: VA37  Version: 1  Date: February 2008

Dept/Div/School: SVPA

Supervisor/Manager: COURSE COORDINATOR

Other Contacts: LECTURING / TECHNICAL STAFF

HAZARDS:
High speed rotational machinery with cutting tool.
Eye damage, Hearing damage, Respiratory damage.
Risk of serious damage, clothing accessories hair may get caught. Risk of serious scalp/head damage.

PROTECTIVE EQUIPMENT AND EMERGENCY EQUIPMENT:
First Aid Kit.

BEFORE YOU START:
Ensure you have received and passed induction for this machine and have permission of use.

ALWAYS:
Ensure all tooling is secure and tight – always check chuck safely clears tooling before switching on!

JOB STEPS:
- Ensure emergency stop is operational.
- Set up work in chuck securely, centre material against live centre and ensure chuck key is removed.
- Ensure correct cutting tool is selected and secured into car safely and correct speed is selected.
- Always ensure lubricant is on hand and apply when necessary.
- Always cut small amounts of material with each pass, do not force tooling. Allow swarf to fall freely – never attempt to remove swarf/debris whilst machine is on!
- Always switch off machine and allow chuck to come to complete stop before approaching your work.

WHEN YOU FINISH:
Isolate machine. Ensure area is clean and free of debris – swarf must be disposed of correctly, floors must be swept.

Note: This machine is operational between 9am – 5pm Monday to Friday. Machinery will be isolated 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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**SOP Approval**

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

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