HAZARDS: Manual Handling, Paint products, Compressed Air

PROTECTIVE EQUIPMENT AND EMERGENCY EQUIPMENT As per SOPs PA2,PA3,PA7,PA8, PA9,PA10, PA11, PA12 Access to a First Aid Kit

BEFORE YOU START Ensure you have all appropriate equipment and have read the relevant SOP for the task/s you are performing.

ALWAYS....................

• Read the appropriate SOP for the task/s you are performing in this space.
• Use CSU Incident/Accident Report forms for every accident or incident; this includes near misses.
• Only wash paint products and implements at the Paint Wash Area.
• Only undertake painting activities adjacent to the paint wash area or on the grass areas outside. Not on any concrete area or against the external walls of the building.

THINGS TO NOTE

• Sets elements stored neatly behind yellow lines
• Set elements to be returned to the space from which they were taken
• All fire extinguishers and exits to be kept clear
• Don’t obstruct power/ communication cupboards
• Any electrical lead used to be tagged leads.
• Cleanup work area
• Packup Tools
• Power down TV Van
• Ensure adequate ventilation.
• No naked flames

WHEN YOU FINISH Lock building and turn off lights.
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>
</tr>
</thead>
<tbody>
<tr>
<td>Manager/Supervisor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First employee using SOP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second employee using SOP (if applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OHS Representative (OHS Committee)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SOP Approval

_Name Authorising (Printed):_ ...........................................................................................................

_Signature:_ ........................................................................._Date:_ ........................................