TASK: SCAFFOLDING

SOP No: PA6 ....................... Version: 1 ....................... Date: 1 September 2006

Dept/Div/School: SVPA

Supervisor/Manager: COURSE COORDINATOR

Other Contacts: LECTURING/TECHNICAL STAFF

HAZARDS:
Falling Objects, Manual Handling

PROTECTIVE EQUIPMENT AND EMERGENCY EQUIPMENT
Hard hat,
As per SOPs PA2, PA3, PA10, PA11
Access to First Aid Kit

BEFORE YOU START
Use only licensed scaffolders

THINGS TO NOTE
- Only licensed scaffolders are permitted to erect and alter scaffolding on SVPA premises and on SVPA endorsed activities.
- Students and Staff must not adjust or tamper with scaffolding in any way unless they are licensed scaffolders.
- Should inclement weather or strong wind occur you must consider climbing down. Supervisors should be made aware of these conditions.
- Students & Staff raising or lowering equipment to or from scaffolds must:
  - be suitably experienced to do so,
  - or under the direction of a suitably experienced person,
  - inspect the scaffold and hoisting equipment for any defects,
  - use appropriate hoisting apparatus,
  - ensure the general public is not endangered, by being clear from below the scaffold.

WHEN YOU FINISH
Secure area. Team Leader inspects for safety.
**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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<tr>
<th>Position</th>
<th>Name</th>
<th>Signature</th>
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<tbody>
<tr>
<td>Manager/Supervisor</td>
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<td>First employee using SOP</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:* ..................................