SOP No: VA13 Version: 1 Date: 9/07

Dept/Div/School: Visual and Performing Arts
Supervisor/Manager: Facilities Manager

HAZARDS
- High speed rotating blades, discs, belts & drill bits (range of Industrial Machinery)
- Eye and hearing damage.
- Hand and finger damage.
- Hair and loose clothing.

PROTECTIVE EQUIPMENT AND EMERGENCY EQUIPMENT
- Eye protection - goggles
- Hearing protection - ear muffs
- Suitable approved clothing and footwear
- Long hair – tied back
- Access to First Aid kits
- Access to Emergency Stop buttons

BEFORE YOU START
- Ensure you have all appropriate equipment and have read the relevant SOP for the task/s you are performing
- SOPs for this workshop: VA10; VA11; VA12; VA14; VA15; VA16; VA17; VA18; VA19.

ALWAYS
- Ensure that the workshop is ‘supervised’ by staff

JOB STEPS
- Ensure that the machinery and surrounding areas are clean and free of obstacles.
- Ensure that the appropriate machine is used for the selected task
- Ensure all guards are in place and secure
- Ensure you know the location of the on/off button and it is working correctly
- Ensure that ‘push sticks’ are available as required on cutting machines.
- Extraction is operating correctly
- Seek assistance when appropriate for operations such as ripping of timber and working on long lengths.
- Switch off machines before removing work.

WHEN YOU FINISH
- Isolate machines at appropriate point.
- Ensure the area is left clean and tidy
- All project work is removed or stored in appropriate area.
- Workshop is secured – doors locked and lights turned off.

LOCATION: Wood Workshop Bld 21 rm. 271
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:_________________________________