STANDARD OPERATING PROCEDURE

TASK: Operating a Circular Cut off Saw. Bld. 21. rm. 271

SOP No: VA14 Version: 1 Date: 9/07

Dept/Div/School: Visual and Performing Arts

Supervisor/Manager: Facilities Manager

Other Contacts: Lecturing/Technical Staff

HAZARDS
- High speed rotating machinery with saw blade.
- Damage to hands and fingers
- Eye and hearing 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

EQUIPMENT
- Access to Emergency Stop Buttons.

BEFORE YOU START
- Ensure the machine and area is clean and free from off-cuts.
- All guards are secure and correctly positioned
- The blade is square to the table, sharp, undamaged and installed correctly.

NEVER
- Attempt an operation if you are unsure of what you are doing.
- Place hands in line of the cut nor stand directly behind material.

JOB STEPS
- Ensure that the on/off switch is working correctly
- Visually check the guards and blades are installed correctly.
- Examine the timber, discard any twisted material.
- Position feet correctly and hold sliding blade handle before turning machine on.
- Ensure you have a ‘push stick’ available to move any small off cuts away from blade.

WHEN YOU FINISH
- Isolate machine. Ensure area is left in a clean condition and all off-cuts are removed.
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:* ………………………………………