TASK: Operating a Circular Rip Saw – Blg 21 Rm 271

SOP No: VA15  Version: 1  Date: 9/07

Dept/Div/School: School of 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
- Access to First aid Kit
- Access to Emergency Stop buttons

BEFORE YOU START
- Ensure the machine and area is clean and free from off-cuts and all trade waste.
- All guards and riving knife are correctly positioned.
- The blade is square to the table, sharp, undamaged and installed correctly.
- The fence is square to the table, locked and in line with the gullets.

ALWAYS..................
- Ensure that the on/off switch is working correctly.
- Ensure that the ‘push sticks’ are in an accessible position.

JOB STEPS
- Examine the timber, discard any twisted material.
- Bowed timber to be cut with round face down and round edge against the fence.
- Seek assistance when ripping long, heavy or large material.
- ‘Push-sticks’ are to be used on all ripping projects.
- The blade height is adjusted to suit the task.
- Adopt a comfortable stance appropriate for the operation that you are performing.

WHEN YOU FINISH
- Isolate machine. Ensure area is left in clean condition and any waste is 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:_ ……………………………………