LOCATION: Film Processing, Photography Complex – Rm 234

SOP No: VA22
Version: 1
Date: 10/07

Dept/Div/School: Visual and Performing Arts

Supervisor/Manager: Facilities Manager

Other Contacts: Lecturing/Technical Staff.

HAZARDS:
- Trip & slip hazards.
- Inhalation- irritations to the respiratory system.
- Skin – irritations to skin (low range-working strength)
- Handling Precautions.

PROTECTIVE EQUIPMENT AND EMERGENCY EQUIPMENT:
- Ventilation- local exhaust ventilation is operated.
- Appropriate clothing and footwear are worn.
- Access to First Aid Kit & eye wash stream is available.

BEFORE YOU START:
- Ensure you have access to the appropriate MSDS information.

ALWAYS:
- Activate the ventilation system.

JOB STEPS:
- Ensure the work area is free of clutter and you have adequate space to perform all operations.
- Handling of all solutions is done with adequate precautions.
- All solutions are returned to there appropriate location.
- All jugs and containers are washed thoroughly.
- Spills and leaks are cleaned immediately/ see technician for assistance.
- All solutions in this area are labelled correctly.

WHEN YOU FINISH:
- Ensure the work area is left clean, the extraction and water are turned off.
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>
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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::* ..............................................................