### TASK: Draw Bench

**SOP No:** VA29  
**Version:** 1  
**Date:** February 2008  
**Dept/Div/School:** SVPA  
**Supervisor/Manager:** COURSE COORDINATOR  
**Other Contacts:** LECTURING / TECHNICAL STAFF

| HAZARDS:      | Eye and finger damage.  
|               | Risk of air born metal causing damage to eyes/body.  
| PROTECTIVE    | Safety Goggles  
| EQUIPMENT AND | First Aid Kit  
| EMERGENCY     |  
| EQUIPMENT     |  

**BEFORE YOU START**  
Ensure safety goggles are worn. Floor is surrounding area must be clean and free of slip hazards.

**ALWAYS....................**  
Ask for help if you are unsure or having difficulty!

**JOB STEPS**  
- Safety equipment is worn.  
- Material is prepared appropriately, annealed and has correct point, lubrication applied.  
- Material is gripped safely in tongs, handle is wound safely and smoothly to ensure good result.  
- As material is pulled through the desired hole, avert eyes/face to reduce risk of harm from air born metal as it exits each hole.

**WHEN YOU FINISH**  
Tidy area, return all draw plates and equipment to storage area.
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:_ ..........................