**TASK:** Operating a Linisher/Sanding Machine  Bld21. rm. 271

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<th>SOP No:</th>
<th>VA 16</th>
<th>Version:</th>
<th>1</th>
<th>Date:</th>
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<td>Facilities Manager</td>
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<td>Other Contacts:</td>
<td>Lecturing/Technical Staff</td>
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**HAZARDS**
- High speed rotating sanding belt and disc
- Damage to hands and fingers
- Eye and hearing damage
- Hair and loose clothing
- Respiratory hazard

**PROTECTIVE EQUIPMENT AND EMERGENCY EQUIPMENT**
- Respiratory protection – dust mask
- Eye protection – goggles
- 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 obstacles. All guards and adjustable table on disc sander are secured and correctly fitted

**NEVER.........................**
- Use without extraction and appropriate dusk mask.
- Attempt an operation if you are unsure of what you are doing.
- Use for more than one operation at any one time- belt sanding or disc sanding.

**JOB STEPS**
- Ensure the on –off switch works correctly.
- Check that the sanding belt & disc are installed correctly.
- Adopt a comfortable stance appropriate to the operation that you are performing.
- Ensure work is held correctly-. Sitting firmly on right hand side of disc table
- Use firm , forward pressure without overloading the machine.

**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.

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<th>Position</th>
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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:_ .................................................................