STANDARD OPERATING PROCEDURE

LOCATION: Photographic Studio   Bld.21. rm. 237.

SOP No: VA 23       Version: 1       Date: 10/07

Dept/Div/School: Visual and Performing Arts

Supervisor/Manager: Facilities Manager

Other Contacts: Lecturing/Technical Staff

HAZARDS:
- Trip Hazards.
- Electrical Hazards.

PROTECTIVE EQUIPMENT AND EMERGENCY EQUIPMENT
- All equipment/leads/power boards are appropriately tagged and tested.
- Access to First Aid kit is available.

BEFORE YOU START
Ensure you have booked in to the space and the appropriate notification of your presence has been recorded. (Studio booking & After Hours systems)

ALWAYS....................
Ensure you are familiar with the equipment or seek technical assistance.

JOB STEPS
- Maintain the work area in a safe condition with all leads and cables appropriately positioned.
- Ensure you have adequate space to perform all the tasks for your photography shoot.
- Ensure all lights, stands, tripods etc are correctly secured.
- All faulty equipment is to be withdrawn from use and reported to the technician as soon as practical.
- All props and set items are secured.

WHEN YOU FINISH
All items are returned to appropriate locations; the studio is left in a clean condition and secured.
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>
<th>Signature</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:_ ..............................................................................