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| Procedure Title |  | | | |
| SOP Number |  | | | |
| School/Business Unit |  | | Location (building/lab/  workshop if applicable) |  |
| SOP Development Date | |  | Prepared by |  |
| SOP Review Date | |  | Version # |  |
| **Equipment Details:** (*Provide details of the make, model, type and number of equipment. If multiple types add photos of all if appropriate – Remove this text)* | | *Add Photo of Equipment here* | | |
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| **Relevant Australian Standards / Codes of Practice / Legislation** |
|  |
| **Chemicals and Relevant Safety Data Sheets** (can be obtained via UNE subscription to ChemWatch) |
|  |
| **Plant & Equipment Required** |
|  |
| **Licenses Required** |
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| **Competencies Required** |
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| Procedure Title |  |
| **SOP Number** |  |

DO NOT **use this machine or perform this task unless appropriately instructed in its safe use and operation, and permission has been given.**

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| **Section 1 - PPE Required** |



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|  | Dust Mask | Face Shield | Foot Protection | Hair Net | Protective Clothing | Respirator | Sun Protection | Breathing Apparatus |
| Compulsory |  |  |  |  |  |  |  |  |
| As needed |  |  |  |  |  |  |  |  |



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|  | Hand Protection | Hearing Protection | Safety Glasses | Safety Harness | Safety Helmet | Safety Vest | Apron/Lab Coat | Welding Mask |
| Compulsory |  |  |  |  |  |  |  |  |
| As needed |  |  |  |  |  |  |  |  |
| Additional PPE/Notes | | | | | | | | |
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| |  | | --- | | **Section 2 – Procedure** | | |  | | --- | | PRE-OPERATIONAL SAFETY CHECKS  Enter details of the  OPERATIONAL SAFETY CHECKS  HOUSEKEEPING  POTENTIAL HAZARDS |   **SPECIAL NOTE**  NO PERSONNEL ARE TO USE THIS EQUIPMENT PRIOR TO OBTAINING:   * COMPETANCY IN THE CORRECT USE OF THE EQUIPMENT * READING AND FULLY UNDERSTANDING THE OPERATOR’S MANUAL * READING THE STANDARD OPERATING PROCEDURE * UNDERGOING THOROUGH PRACTICAL TRAINING WHILE PROPERLY SUPERVISED |  |  | | --- | | **Section 3 - Spill Procedure and Waste Disposal (If applicable)** | |  |  |  | | --- | | **Section 4 – First Aid** | |  |  |  | | --- | | **Section 5 – Incident Management / Emergency Procedures** | |  | |  |
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| **Approval of SOP** | | | |
| Name |  | Title |  |
| Date |  | Signature |  |

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| **Sign Off** | | | | |
| The University shall provide information and training to workers to enable them to perform tasks safely. This section is signed by workers (and supervisors) to indicate their understanding of the Standard Operating Procedure and indicates their competence to complete the job in a safe manner as deemed by their supervisor. Workers should always consult with their supervisor where there is concern about the safety of a task that effects themselves or others. | | | | |
| Date | Worker Name | Worker Signature | Supervisor Name | Supervisor Signature |
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| ***Records Storage Instructions*** |
| *All completed SOPs are to be recorded in TRIM Container A17/2181 utilising a TRIM license in your School/Business Unit. Completed SOPs are to be published on Safety Hub for ongoing utilisation.* |