

Safe System of Work
OPERATING AND SAFETY INSTRUCTION FOR SANDERS

Name: Training Date:.....

	Instruction	Understood ✓ or X
1	Explained what safety equipment is required to use this machine. Goggles, Dust Mask and Ear Protection	
2	Explained why safety equipment is to be used on this machine.	
3	Explained why loose clothing or ties are not be worn.	
4	Shown where and how to use main machine isolator .	
5	Shown where and how to use on / off switch.	
6	Shown how the cutting belt rotates.	
7	Shown where not to put Hands / Fingers etc.	
8	Shown how to change belts and when required.	
9	Shown how to use the Dust Extraction Machine	
10	Shown how the vice works if vice is fitted	
11	Shown how to clamp work in vice without crushing it.	
12	Shown how to remove work from the Vice	
13	Shown how the coolant turns on /off and is adjusted.	
14	I have read the Safety Precautions on using Sanders.	

I have received the above training and fully understand every point that was explained to me. I confirm that I will wear the required PPE equipment when using the above machinery and take all steps to ensure my own safety. I will ask for further training if I need to and will immediately inform the Supervisor or Manager if there are any issues with the machinery.

Name:

Signed: Date:.....

I confirm that I have trained the aforementioned person and that they fully understand how to use the above machinery, have received the required PPE equipment and know to inform me immediately of any issues with the machinery or if they require further training. I authorise this person to use the machinery detailed above.

Name:(Authorised Trainer)

Signed Date: