<u>Safe System of Work</u> <u>OPERATING AND SAFETY INSTRUCTION FOR CHANGING SEALED AIR FOAM DRUMS</u>

Name	e: Training Date:	
ASTHMA SUFFERERS MUST NOT CARRY OUT THIS PROCEDURE		
	Instruction	Understood ✓ or X
1	Drums are delivered to the Warehouse on pallets. They are stored in the metal container outside of Goods In.	
2	Warehouse will deliver one pallet of 4 drums to department when requested (2 blues and 2 reds unless alternative is requested).	
3	Drums are stored in the department in the specified location.	
4	Use the hydraulic drum lifter to move a drum in department (hydraulic drum lifter to be used by trained and authorised personnel only - RA88).	
5	Close doors and place do not enter sign on outside.	
6	PPE to be worn as per training, including gloves.	
7	Remove lid on full drum.	
8	Ensuring you are working on the <u>same</u> colour drum, remove pipes from empty drum.	
9	Place pipes onto new drum. Never mix colours, always red to red and blue to blue. If ever mixed refer to sealed air manual as now contaminated.	
10	The empty drum is to be put back on the pallet in the specified location.	
11	Repeat changing process on the other coloured drum. Never mix colours, always red to red and blue to blue. If ever mixed refer to sealed air manual as now contaminated.	
12	Contact Warehouse to request a delivery of new drums when required. Warehouse will remove the empty drums on a pallet at the time of delivery of new ones.	
confir steps the S	e received the above training and fully understand every point that was explained in that I will wear the required PPE equipment when using the above machinery to ensure my own safety. I will ask for further training if I need to and will immedupervisor or Manager if there are any issues with the machinery.	and take all diately inform
Name	9:	
Signed: Date:		
above any is	firm that I have trained the aforementioned person and that they fully understand a machinery, have received the required PPE equipment and know to inform me sues with the machinery or if they require further training. I authorise this person inery detailed above.	immediately of
Name:(Authorised Trainer)		ised Trainer)
Signe	ed Date:	