Safe System of Work OPERATING AND SAFETY INSTRUCTIONS FOR ALL BAND SAWS

Name: Training Date:....

| | Instruction | Understood ✓ or X |
|----|--|----------------------|
| 1 | Explained that safety equipment must be used at all times and why - goggles, ear protection and dust extraction must be provided and used. | |
| 2 | Explained why we don't wear loose clothing and tie back long hair when operating the BAND SAW. | |
| 3 | Explained why it is important to turn off the BAND SAW and unplug when adding attachments or changing settings | |
| 4 | Explained how to change a blade using gloves | |
| 5 | Explained why the operator should set the depth when using to cut wood. | |
| 6 | Explained how to level and square the table to BANDSAW | |
| 7 | Explained what maintenance is required to keep BAND SAW in good working order. | |
| 8 | Explained how to use the depth gauge | |
| 9 | Explained how to switch off the BAND SAW properly. And never to leave running while unattended | |
| 10 | Explained why it is important not to use blunt blades and damaged attachments. | |
| 11 | Explained that only trained personnel use this machinery unless being fully supervised for training purposes. and that only trained personnel are to change blades | |

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: |