

Safe System of Work
OPERATING AND SAFETY INSTRUCTIONS FOR ALL CIRCULAR TABLE
SAWS

Name: Training Date:.....

	Instruction	Understood ✓ or X
1	Explained where on/off switch is located on machine along with the isolator switch.	
2	Explained that safety equipment must be used at all times and why - goggles, ear protection, dust extraction, push stick must be used.	
3	Explained how to rip timber and not to carry out any other operation apart from ripping timber using the rip fence.	
4	Explained why the circular saw is not to be left running when unattended.	
5	Explained why we use safety guards and how they should be set.	
6	Explained why the area around the circular saw should be kept clear at all times.	
7	Explained why we don't wear loose clothing when operating the circular saw.	
8	Explained the use of correct manual handling techniques at all times, i.e. where not to put fingers etc.	
9	Explained why the blade is to be sharp and of correct size, secure and correctly adjusted.	
10	Explained that the gap from top of timber to the saw guard to be no more than 12mm.	
11	Explained that any maintenance/cleaning to be done only when machine is switched off by the isolator switch.	
12	Do not operate machine with faulty guards or safety devices.	
13	Explained that rebating and grooving should be carried out on a spindle moulder and not on the circular saw.	
14	Explained how to cut angles using approved guards.	
15	Explained that the gap between the blade and riving knife must be set as close as possible within 8mm.	
16	Explained that only trained and authorised personnel are to use this machine.	

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 a table saw 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: