

Safe System of Work
OPERATING AND SAFETY INSTRUCTIONS FOR GAS HEAT SHRINKER

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 the functions of the gas heat shrinker ex gas bottle/trigger	
3	Explained the area where the work must be carried out is to be clear for objects and dust free.	
4	Explained how to use heat shrinker and how to avoid burning holds in the heat shrink material.	
5	Explained that no heat shrinking to take place less than 30 minutes before closure of business for the day.	
6	Explained that any horseplay and inappropriate conduct whilst using the heat shrink gun will be classed as misconduct.	
7	Explained that the heat shrink gun and gas must be stored in the same place every time, close to the Fire Exit.	
8	Explained that the gas valve must be closed when not in use.	
9	Explained that only trained personnel are permitted to use the above equipment.	

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: