Safe System of Work OPERATING AND SAFETY INSTRUCTIONS FOR WRAPPING MACHINE

Name: Training Date:

| | Instruction | Understands ✓ or X |
|---|--|-----------------------|
| 1 | Explain what safety equipment is required | |
| 2 | Explain why safety equipment is required | |
| 3 | Show the potential dangers, risks and hazards | |
| 4 | Show how to turn machine on/off | |
| 5 | Show basic functions – up/down – turntable speed | |
| 6 | Show how to replace shrink wrap correctly/safely | |
| 7 | Show safe way to load/unload pallet | |
| 8 | Show how to isolate/reset the 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 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.