

Safe System of Work
OPERATING AND SAFETY INSTRUCTION FOR LIQUID FILLER TOP FILL

Name: Training Date:.....

	Instruction	Understood ✓ or X
1	Shown how to adjust splash guard	
2	Told how to adjust for different volumes	
3	Shown how to adjust fill speed	
4	Explained how where and how to use emergency stop button	
5	Told in any malfunction hit emergency stop remove air supply and feed pipe	
6	Shown airline feed	
7	Told importance of wearing PPE, eye protection gloves etc	
8	Shown pinch points and explained to keep hands clear	
9	Ran through spill procedure	

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: