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| **Fixed Static Plant_SOP****METAL LATHE** |
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| **DO NOT** use this machine unless a teacher has instructed you in its safe use and operation and has given permission |
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| Safety glasses must be worn at all times in work areas. | Hair Protection circleLong and loose hair must be contained or restrained. |
| Foot Protection circleAppropriate protective footwear with substantial uppers must be worn. | ApronCoveralls, protective clothing or a workshop apron is encouraged. |
| **Prohibition circleProhibition circle**Rings and jewellery must not be worn. | GlovesGloves must not be worn when operating this machinery. |

### **PRE-OPERATIONAL SAFETY CHECKS**

1. **Check workspaces and walkways to ensure no slip/trip hazards are present.**
2. **Locate and ensure you are familiar with the operation of the ON/OFF starter and E-Stop.**
3. **Ensure all guards are in place.**
4. **Check that the job is clamped tight in the chuck.**
5. **Remove all tools from the bed and slides of the machine.**
6. **Ensure correct speed for machining process is selected.**
7. **Remove the chuck key before starting the lathe.**
8. **Do not try to lift chucks or face plates that are too heavy for you.**
9. **Faulty equipment must not be used. Immediately report suspect machinery.**

OPERATIONAL SAFETY CHECKS

1. **Never leave the lathe running unattended.**
2. **Before making adjustments or measurements switch off and bring the machine to a complete standstill.**
3. **Do not attempt to slow/stop the chuck or revolving work by hand.**
4. **Avoid letting swarf build up on the tool or job. Stop the machine and remove it.**
5. **Always remove the chuck key from the chuck.**
6. **Do not store tools and parts on top of the machine.**

## HOUSEKEEPING

1. **Switch off the machine and reset all guards to a fully closed position.**
2. **Leave the machine in a safe, clean and tidy state.**

POTENTIAL HAZARDS

**◼ Flying objects – chuck key ◼ Cutting tool injury ◼ Rotating machine parts**

**◼ Entanglement ◼ Sharp metal splinters or swarf ◼ Eye injuries**

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| **Date of last review** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |