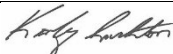




Safe Work Practice (SWP)

Name of Task: Working with Compressed Air	
Department/Unit: Trades	
Personal Protective Equipment or other required equipment or other safety considerations: Minimum PPE, Eye protection, hearing protection, safety boots. Other safety considerations, cover or tie back long hair, No loose fitting clothing or jewelry including watches, rings or necklaces.	
Hazards: Unsecure hoses whipping under pressure, compressed air, items blown about driven under pressured air.	
Required Training	Successful completion of safety unit and test. Training in-house by individuals, experienced and knowledgeable with the tool. Part of annual equipment list review. Instructor supervision required
Steps to be taken to complete task safely:	
	Pre-Operational
1	Inspect and wear specified Personal Protective Equipment.
2	Inspect work area for clutter and other tripping hazards
3	Check that all fittings and connections are in good condition and secure prior to pressurizing.
4	Report equipment which is faulty immediately
5	Be familiar with the operation of the compressor prior to starting.
6	Disconnect the compressor before servicing.
7	Make all adjustments with power off
	Operational
1	Start Compressor, note the pressure increase and the cut out and cut in pressures.
2	Listen for air leaks from hoses and fittings and report any immediately.
3	Adjust pressure regulator to desired working pressure.
4	Adjust pressure regulator to desired working pressure.
5	Do not leave compressor unattended when pressurized.
6	Do not use direct onto skin or clothing.
	Post Operational
1	Turn off compressor when done and depressurize.
2	Clean up work area.
Responsibilities, Completion and Review	
<i>Management and workers to ensure all duties performed in accordance to training, established health and safety regulations/guidelines, policies and procedures (e.g. utilizing personal, protective equipment as per SAFE Work Procedures). Notify Manager or designates (i.e. supervisors) of all occurrences, injuries illnesses or safety and health concerns which are likely to harm themselves, co-workers, or any others who enter the premises.</i>	
Completed by and Date:	Approved by: 

Any document appearing in paper form is uncontrolled and must be compared to the electronic version.

Last Reviewed / Revised by and Date:	Note: This task will be monitored periodically to ensure compliance and effectiveness.
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