

Operator Name:	
Date:	
Demonstrate the following procedures whilst disconnected from the power	
Raise and lower wheeled stand	<input type="checkbox"/>
Inspect top door for tracking	<input type="checkbox"/>
Inspect bottom door for cleanliness	<input type="checkbox"/>
Check integrity of blade	<input type="checkbox"/>
Check blade tension	<input type="checkbox"/>
Set guard the correct distance from the top of the workpiece.	<input type="checkbox"/>
Demonstrate the following procedures whilst connected to power	
Listen for sound of bent/broken teeth	<input type="checkbox"/>
Make straight cut	<input type="checkbox"/>
Make curved cut on appropriate bandsaw	<input type="checkbox"/>
Understand the following things	
How to report faults (users should not fix problems themselves)	<input type="checkbox"/>
Meaning of no lone working rule	<input type="checkbox"/>
Blade needs to be at full speed before introduction of material	<input type="checkbox"/>
How to select mitre or rip guard	<input type="checkbox"/>
Which PPE is required or recommended (goggles required, breathing and hearing protection recommended; gloves not to be worn)	<input type="checkbox"/>
Hands should be 15cm from the blade during operation	<input type="checkbox"/>
Push sticks are required when closer than 15cm	<input type="checkbox"/>
Use of vee block when cutting round items	<input type="checkbox"/>
Need to disconnect power whilst inspecting the blade	<input type="checkbox"/>
Users must not enter yellow box areas when another user is using a power tool in that area	<input type="checkbox"/>
Users must inform other hackspace users if they are cutting anything with higher than average respiratory risks	<input type="checkbox"/>
Dust extraction must be used where available	<input type="checkbox"/>
Machine is used for wood only or some plastics	<input type="checkbox"/>
User is responsible for cleaning up	<input type="checkbox"/>

When competence has been achieved, tick the appropriate requirement.

I confirm that the above named has received safety induction training as indicated on this checklist	I confirm that I have received safety induction as indicated on this checklist and that I am confident in the safe use of the machine.
Name	Name
Signature	Signature