# Table Saw v1.3

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| Operator Name: | Date of Assessment: |
|  |  |

When competence has been achieved, tick the appropriate requirement.   
For operations not carried out, mark N/A for Not Applicable

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| **Machine identification and setting** The individual is able to correctly identify, describe and set/adjust the following: |  |
| Riving Knife. |  |
| Mitre fence and rip fence. |  |
| Crown guard and extension piece where fitted |  |
| Blade angle |  |
| Slide Carriage adding and removal. |  |
| Slide Carriage stop gauges (including fine adjustment) |  |
| Start/Stop controls |  |

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| **Machine set up and operation**  The individual is able to: |  |
| No loose clothing/hair/jewelry |  |
| Starting and stopping the machine |  |
| Wait until blade stops before handling material |  |
| Appropriate use of push sticks |  |
| State the maximum permitted depth of timber which can be cut on the machine |  |
| Check blade angle before starting |  |
| Keep hands at least 15 cm away from blade when in operation |  |
| Identifying saw blade broken teeth |  |
| Where machine parts are stored. |  |
| When it is acceptable to remove the blade (crown) guard. |  |
| Ensure crown guard is no less than 5mm above material. |  |
| Out table must be clear. |  |
| How to tell if machine needs re-aligining |  |
| Check machine alignment is as required before use. |  |
| Understand the risk of kickback |  |
| Materials mustr be on approved list. If unsure, ask. |  |
| Ensure user knows how to cut large sheets. |  |
| Know the correct blade height for material. |  |
| Understand when to use rip fence or mitre fence |  |
| Operate the machine to saw to rip cut to given dimensions |  |
| Operate the machine to cross cut material using sliding table to given dimension |  |
| Dust extraction. |  |
| Demonstrate cutting of sheet material |  |
| Remove extension piece when not in use. |  |
| Helpers must be supervbised by the operator. |  |
| Who to report faults to. |  |
| Cutting bevel or angular cutting of materials |  |
| When using the mitre fence stand on the left hand side |  |
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| NO NAILS! |  |
| NO LONE WORKING |  |
| LEAVE THE MACHINE AND AREA IN A TIDY STATE |  |

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| 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 |