

Work Instruction Work Instruction Title

Faculty/Division	Research Infrastructure
Purpose	This work instruction details how to safely setup, operate, and shut-down the
	Wazer Waterjet Cutter.

Applicable Documents

This work instruction should be read in conjunction with information on the HSE resources page on QUT's Digital Workplace. If you do not have access to this information, speak to your supervisor. Check the information applicable to this Work Instruction:

- 🗷 Risk Assessment No: XXX
- ▼ Training Required
- 🗷 Competency to Operate Required Name of CTO: Filename TBD

Please Note: This work instruction does not replace a risk assessment. A risk assessment should be completed prior to creating this work instruction to identify hazards, risks, and appropriate controls.

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Hazards/Risks			
Acids Present		Biohazard Risks	
Electrocution Risks	4	Explosives Present	
Flammable Items Present		High Temperatures Present	
Hot Surfaces Present		Low Temperatures Present	**
Magnetic Fields Present		Noise Present	
Radiation Present		Radio Waves Present	(((1))
Slip Hazards	iz	Toxic Hazards Present	
Trip Hazards Present			

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PPE Required						
Use the Adjustable Guard	2	Use A Dust Mask				
Wear a Protective Apron		Use a Breathing Apparatus				
Wear A Coat		Use A Dust Mask				
Wear Eye Protection		Wear a Faceshield				
Wear Protective Footwear		Wear Protective Gloves				
Wear a Half Face Mask		Wear a Hard Hat	TY			
Wear Hearing Protection		Wear High-Vis Clothing				
Wear a Respirator		Wear a Safety Harness				
Use Static Guards		Wash Hands Before & Afte				
Wear a Welding Mask	0					

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Emergency Procedure

QUT Security Emergency Ph. 3138 888

Fire, Police, Ambulance Ph. 000 or 112 from a mobile

Add your emergency procedure here. You can create lists

- Point 1
- Point 2

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Process

Pre-Work

You can include figures



And lists

- 1. Step 1
- 2. Step 2

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Work

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Post-Work

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Document Approval

Once approved, this Work Instruction should be kept in accordance with your local area's record keeping procedures. A hard copy should be kept near areas where the work is being done.

The document should be amended as required and reviewed every 5 years.

	Name	Role	Date
Author	XXX	XXX	Created: XXX
Verifier	XXX	XXX	Verified: XXX
Approver	XXX	XXX	Approved: XXX
Date for Review	XXX		

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