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| Operator Name:   Date: |
| **TRAINING ONLY COVERS TCT TOOL USE**  **Machine identification and setting**  The individual is able to correctly identify, describe and set/adjust the following:   |  |  | | --- | --- | | Belt guard |  | | Belts/speed settings |  | | Tailstock |  | | 4 Jaw chuck |  | | Faceplate |  | | Drive centre |  | | Live centre |  | | Screw chuck |  | | Tool rest |  | | TCT tools and cutting piece |  | | HSS tools (identification only) |  |   **Wood selection**  The individual is able to describe how to select suitable wood for turning, considering the following:   |  |  | | --- | --- | | Wood toxicity (natural and synthetic woods) |  | | Risk of splitting |  | | Moisture content |  | | Loose material (bark, branches etc) |  | | Embedded metal |  | | Overall dimensions |  |   **Machine operation**   |  |  | | --- | --- | | No loose clothing. Long hair tied back. |  | | Correct positioning of tool rest |  | | Face mask, apron, dust mask if appropriate. |  | | Understanding of risk of wood dismounting and appropriate precautions |  | | Selection of belt speed with reference to diagram |  | | Ability to identify badly tensioned belt and the need for other lathe calibrations based on sound |  | | Correct selection of flat, detail and round cutting tools |  | | Understanding of correct cutting position on side turning and risks of catches |  | | Understanding of correct cutting position on face turning and risks of catches |  | | Understanding of risk of wood shavings on floor and appreciation that cleaning up is their responsibility |  | | Use of plug lock and where to find the code |  | | Protocol for using machine with others in woodwork |  | | No lone working |  | | Selection of appropriate mounting mechanism |  | | Identification of broken TCT tools |  | | Demonstration of cutting basic curves on a spindle |  | | Understanding of occasional need to loosen live centre |  | |

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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 |