

Reviews

<u>By</u>	<u>Date</u>
_____	_____
_____	_____
_____	_____

Standard Operating Procedure

EQUIPMENT: Vibromet 2 Vibratory Polisher

SIGNIFICANT SAFETY PRECAUTIONS: **Machine has pinch points. Take precautions to avoid injury, including safety glasses.**

APPROVED BY: _____ DATE: _____

PREPARED BY: _____ Jessica Booth _____ DATE: 9/19/2012

JOB STEPS	SAFETY KEY POINTS
1.1 <u>Prepare the Equipment</u> Make sure that pad is clean, dry, and free of residual polishing medium or other grit. If not, remove plate/ring fixture and replace pad.	Ring fixture is somewhat heavy, be careful not to drop it when cleaning.
1.2 <u>Fixture</u> Tighten screws on ring fixture. Place pad on plate and plate onto ring fixture.	Be aware of pinch points on screws.
1.3 <u>Apply Polishing Medium</u> Apply water based diamond suspension or colloidal silica in the center of pad. Grit should be less than 1µm. There should be enough to fully cover the pad.	Don't drink the polishing medium. Be sure it is WATER based.
1.4 <u>Fixture and Place Mounts</u> Place mounts on pad. Place weighted holders over them so they are pushed against the cloth.	
1.5 <u>Turn on Machine</u> Put cover over machine and turn machine on. Adjust to 20-30% power. Can leave machine unattended overnight.	Check on the machine after the first ~hour to ensure everything is running smoothly.
1.6 <u>Remove Specimens</u> Remove mounts from pad and clean with water or ultrasonic cleaner and solvent.	
1.7 <u>Cleanup</u> Mop up excess polishing medium. Remove pad and throw away or wash thoroughly and save for later (do not use with any other grit or material). Wipe	If using chemicals to clean up spills, wear appropriate PPE. Gloves recommended for contact with polishing medium.

entire machine to remove grit. Clean spills, ensure area around polisher is free of debris.

1.8 Fill out Logbook Name, PI, grit and material used.

Authorized Operators:

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

CERTIFICATION

I _____ hereby certify that on _____ / _____ / _____ a hazards
Name of Manager
assessment of this procedure was performed for the purpose of
specifying **Personal Protective Equipment (PPE)**. I also certify that
all authorized operators participated in the assessment, and
received and understood training regarding **PPE** requirements for this
procedure and that all authorized operators participated in the
assessment and were trained in the proper **PPE** for the tasks
described in this **SOP**.

Signature: _____

Signature: _____

Name of Manager

Title: _____

Date: _____

Personal Protective Equipment (PPE) Hazard Assessment Certification

I _____ hereby certify that on ___/___/___ a
Name of Managers
hazards assessment of area _____ was performed for
the purpose of specifying **P**ersonal **P**rotective **E**quipment (**PPE**). I
also
certify that the following employees received and understood training
regarding **PPE** requirements for this area.

(Please Print)

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name of Managers

Signature: _____

Title: _____

Date: _____