This procedure may only be performed by

* persons who have been assessed as competent under this SOP
* persons working under the direct supervision of someone approved under this SOP

|  |  |
| --- | --- |
| **Title** | Click or tap here to enter text. |
| **Author/s** | Click or tap here to enter text. |
| **Current Version Number** | Click or tap here to enter text. |
| **Date Last Modified** | Click or tap here to enter text. |
| **Date Approved By AEC** | Click or tap here to enter text. |
| **Review Date** | Click or tap here to enter text. |

**Purpose**

Click or tap here to enter text.

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**Policy** (link to other policies or SOPs)

Click or tap here to enter text.

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**Work Health and Safety**

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**Equipment Required**

Click or tap here to enter text.

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**Procedure**

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**Post-procedural Monitoring**

Click or tap here to enter text.

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**Training and Competency**

Click or tap here to enter text.

**Authorised signatories for revisions**

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| Name  Click or tap here to enter text. | Review Date  Click or tap to enter a date. |

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