

Anderson Group of Companies

BULLETIN NO:TBSA0505 DATE: 28/02/08

Technical Bulletin

ITEM: SAHR Brake units on Coaltram CT13

CIRCUMSTANCES: Checking wear on the friction discs in the brake units as per customer requests and industry requirements.

RECOMMENDATIONS: Checks to be carried out at 1000hr or 6 monthly intervals.

NOTE: Plate thickness measurements alone are only a guide. This information is to be used in conjunction with statutory monthly brake tests, to monitor the ongoing brake efficiency and condition.

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WI – WSHOP 99 CT-13 COALTRAM BRAKE PLATE THICKNESS CHECK

SPECIFIC PPE & OHS REQUIREMENTS

- Protective clothing
- Protective footwear
- Personal danger tag
- Safety glasses
- Hearing protection
- Machine chocks
- JSEA form
- Relevant procedures: LHD wheel removal, Isolation and raising/supporting machine

SPECIAL TOOLING REQUIRED;

- Personal hand tools. Inc. 5/16" allen key
- Machine chocks
- Crane, jack or forklift with 10 ton lift capacity
- SAHR brake test gauge part number 5520000537

ISOLATION POINT & PROCEDURE;

- Machine to be parked on firm level ground
- Chock wheels
- All stored energy sources to be depleted
- Install articulation lock

WORKPLACE INSTRUCTION CONTENT;

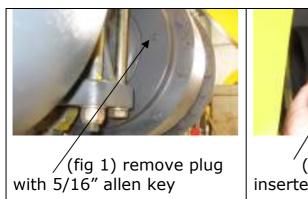
- 1. Remove bucket or any attachments
- 2. Raise boom and install boom locks
- Raise and support machine with approved timber packing or hard stands
- Remove wheels as required (it is possible to perform this inspection with wheels still fitted however the rear's can be removed for easier access) Refer to procedure WI-WSHOP 82
- 5. Remove Uno plug with 5/16" Allen key as shown (fig 1)

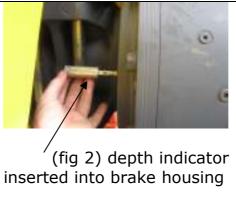
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6. Insert depth gauge as shown (fig 2)

Note: ensure pin is fully inserted





7. Depth gauge should read in area between wear limit range

NOTE: THIS CHECK SHOULD BE CARRIED OUT IN CONJUNCTION WITH A DYNAMIC BRAKE TEST TO MAKE A FULL ASSESSMENT OF BRAKE CONDITION AND EFFICIENCY

WORKPLACE INSTRUCTION REVIEW;

(make comments on job process below for review)

COMMENTS FROM TASK

RECOMMENDATIONS

Refine systems to suit all departments To be initiated ,trialed and reviewed within twelve months

ACCEPTED Y / N

REVIEW ACKNOWLEDGMENT

TRADESMAN: OWEN SAUNDERS DATE: 31.1.08

SUPERVISOR: DATE:

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