

 <p>SLAC NATIONAL ACCELERATOR LABORATORY</p>	<h2>Jobs Safety Analysis</h2>		Start Date: 5/17/2010
JOB/ACTIVITY NAME: “As-built” measurements sect 10 off axis injector vault		JSA # (optional):	
DEPARTMENT/GROUP NAME MET / AEG	BLDG/AREA LOCATION(s):	OTHER INFORMATION or REFERENCES:: Non-permit required confined Space entry form Elevated Surface work plan form	
SCOPE OF WORK Take “As-built” measurements sect 10 off axis injector vault			

Steps	Potential Hazards	Controls
Going down into injector vault	Steep stairs No light Confined space (Air quality)	Treat stair as ladder (face stair going up and down, don't carry equipment) Install string lights on a GFCI outlet Confined space training is required, monitor air quality while going down
Transport survey equipment into vault	Dropping equipment	Use well tied ropes to lower equipment Vacate area below equipment being lowered before lowering equipment
Perform Survey (includes Class 2 or 3R laser instruments)	Prolonged eye exposure to laser	No unattended operation of laser instruments Use warning signs when laser instruments are in use (laser scanner requires “DANGER” sign) Must verify that laser scanner range interlock of 0.3 meters is active at start of operation and monitor proper scanning during measurement

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I understand & will adhere to the steps, hazards & controls as described in this JSA. I understand that performing steps out of sequence may pose hazards that have not been evaluated, nor authorized. I will contact my supervisor prior to continuing work, if the scope of work changes or new hazards are introduced.

I understand I have the authority and responsibility to stop work I believe to be unsafe.

<u>Worker Name (please print)</u>	<u>Signature</u>	<u>Date</u>
Gaudreault, Francis	_____	_____
McDougal, John	_____	_____
Rogers, Michael	_____	_____
Gaydosh, Michael	_____	_____

I have reviewed the steps, hazards & controls described in this JSA with all workers listed above and authorize them to perform the work. Workers are qualified (i.e. licensed or certified, as appropriate, & in full compliance with SLAC training requirements) to perform this activity.

Gassner, Georg _____

Supervisor Signature Date

I have communicated area hazards with the supervisor or listed worker(s) for this activity and have coordinated the described activity with affected occupants. The above listed workers are released to perform described scope of work in the following area(s): _____

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Area or Building Manager Signature

START DATE: 5/17/2010 _____
Date