

	Jobs Safety Analysis		Start Date: 8/25/2010
	JOB/ACTIVITY NAME: Map / Align components/monuments in SPEAR, booster and linac		JSA # (optional):
DEPARTMENT/GROUP NAME MET / AEG	BLDG/AREA LOCATION(s): NEH	OTHER INFORMATION or REFERENCES::	
SCOPE OF WORK Fiducialize components, align components			

Steps	Potential Hazards	Controls
<u>COHE</u>	Electrocution	<u>Follow lockout tagout policy (apply separate locks for SPEAR ring, booster ring and linac)</u>
<u>Set Up Equipment and Targeting</u> <ul style="list-style-type: none"> ▪ Set up survey instruments (includes Class 2 laser instruments) ▪ Place targets on and around components ▪ Plug in instruments ▪ Use illumination if necessary 	<ul style="list-style-type: none"> ▪ Radiation ▪ Electrocution 	<ul style="list-style-type: none"> ▪ Follow posted radiation signs and read AHA ▪ Inspect hand or power tools and cords before use ▪ Inspect power cords for any defects and use GFCIs (never daisy chain cords)
<u>Perform Survey</u> <ul style="list-style-type: none"> ▪ Take measurements 	<ul style="list-style-type: none"> ▪ Injuries from using hand-tools improperly including cuts, eye injuries or electrical shock 	<ul style="list-style-type: none"> ▪ Do not stare continuously at a laser instrument (Class 2 lasers are safe due to natural blink reflex and Class 3R are safe with restricted beam viewing) ▪ Inspect ladders before use and never climb to the top rungs

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

JOB/ACTIVITY NAME: SPEAR downtime 2010

START DATE: 8/25/2010_____

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>
Francis Gaudreault	_____	_____
Bryan Rutledge	_____	_____
Michael Gaydosh	_____	_____
Michael Rogers	_____	_____
Hans Imfeld	_____	_____
Levirt Griffin	_____	_____
John McDougal	_____	_____

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): _____

Release through downtime meeting