

	<b>Jobs Safety Analysis</b>	Start Date: <b>12/7/2009</b>
JOB/ACTIVITY NAME: Existing shielding wall mapping at SPEAR		JSA # (optional):
DEPARTMENT/GROUP NAME Metrology / Alignment Engineering Group	BLDG/AREA LOCATION(s): SPEAR ring	OTHER INFORMATION or REFERENCES:
SCOPE OF WORK Map the location of existing shielding wall at SPEAR ring BTS		

Steps	Potential Hazards	Controls
Set up instrument on top of SPEAR ring	Fall hazard	Follow procedure described in the attached elevated surface work plan

***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>
Hans Imfeld	_____	12/7/2009
Brian Rutledge	_____	12/7/2009

JOB/ACTIVITY NAME: Roller

START DATE: 10/7/2009

***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.***

Georg Gassner \_\_\_\_\_ 12/7/2009 \_\_\_\_\_

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):*** \_\_\_\_\_

Larry Cadapan; Ben Scott \_\_\_\_\_

Area or Building Manager

Signature

Date