

	Jobs Safety Analysis		Start Date: 10/26/2010
	JOB/ACTIVITY NAME: CNC machine setup		JSA # (optional):
DEPARTMENT/GROUP NAME MET / AEG	BLDG/AREA LOCATION(s): IR2	OTHER INFORMATION or REFERENCES::	
SCOPE OF WORK Align Tracks			

Steps	Potential Hazards	Controls
<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 including magnets ▪ Plug in instruments ▪ Use illumination if necessary 	<ul style="list-style-type: none"> ▪ Stands falling over 	<ul style="list-style-type: none"> ▪ Use of steel toed shoes is required ▪ Inspect ladders before use and never climb to the top rungs ▪ Inspect power cords for any defects and use GFCIs (never daisy chain cords)
<u>Perform Survey</u> <ul style="list-style-type: none"> ▪ Make measurements 	<ul style="list-style-type: none"> ▪ Falling off ladders when moving targeting ▪ Exposure to electrical energy 	<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

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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.

Worker Name (please print)

Signature

Date

Bryan Rutledge_____

Michael Gaydosh_____

Levirt Griffin_____

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 7am meeting