### Jobs Safety Analysis (JSA)

**JOB/ACTIVITY NAME:** Hadron bypass line ESA  
**DEPARTMENT/GROUP NAME:** MET / AEG  
**BLDG/AREA LOCATION(s):** LCLS / NEH3  
**OTHER INFORMATION:**

#### REQUIRED PERSONAL PROTECTIVE EQUIPMENT FOR ENTIRE JOB

- ☒ safety glasses when drilling  
- ☒ safety shoes  
- ☐ chemical goggles  
- ☐ hard hat  
- ☐ welding gloves  
- ☐ face shield  
- ☐ harness lanyard  
- ☒ gloves when handling tools  
- ☐ other reflective vest  
- ☒ other flashlight

- ☐ chemical resistant gloves  
- ☐ other  
- ☐ other

- ☐ other long pants / sleeves  
- ☐ other

- ☐ hearing protection when drilling

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<tr>
<th>Basic Steps</th>
<th>Potential Hazards</th>
<th>Controls</th>
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| Install New Monuments        | • Particles flying into eyes  
  • Noise  
  • Exposure to electrical energy | • Hearing protection while drilling  
  • Inspect hand or power tools and cords before use  
  • Inspect power cords for any defects and use GFCIs (never daisy chain cords) |
| Set Up Equipment and Targeting | • Falling off ladders  
  • Exposure to electrical energy | • PPE is required (see checklist above)  
  • Inspect ladders before use and never climb to the top rungs  
  • Inspect hand or power tools and cords before use  
  • Inspect power cords for any defects and use GFCIs (never daisy chain cords) |
| Perform Survey               | • Falling off ladders when moving targeting  
  • Injuries from using hand-tools improperly including cuts, eye injuries or electrical shock | • 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 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.

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<tr>
<th>Worker Name (please print)</th>
<th>Signature</th>
<th>Date</th>
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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 required & in full compliance with SLAC training requirements) to perform this activity.

Georg Gassner
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):

Oral release from Al Baker and

________________________ | __________________________ | ____________________ |

Area or Building Manager
Signature | Date |