**Jobs Safety Analysis**

**Start Date:**

**JOB/ACTIVITY NAME:**
 NLCTA Beam Line and component alignment

**DEPARTMENT/GROUP NAME**
Metrology / Alignment Engineering Group

**BLDG/AREA LOCATION(s):**
NLCTA

**SCOPE OF WORK**
Align Components

<table>
<thead>
<tr>
<th>Steps</th>
<th>Potential Hazards</th>
<th>Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Set Up and Perform Survey</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Set up survey instruments</td>
<td>▪ Electric hazards</td>
<td>▪ Lock out Tag out (if required)</td>
</tr>
<tr>
<td>▪ Lock out tag out if necessary</td>
<td>▪ Falling off ladders</td>
<td>▪ Use gloves when using tools (see checklist above)</td>
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<tr>
<td>▪ Place targets on and around components</td>
<td></td>
<td>▪ Inspect ladders before use and never climb to the top rungs</td>
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<tr>
<td>▪ Use illumination if necessary</td>
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</tbody>
</table>

*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.*

**Worker Name (please print) **

**Signature**

**Date**
JOB/ACTIVITY NAME: Turret punch

START DATE: __10/7/2009______

Hans Imfeld

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

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):

________________________________________

________________________________________

________________________________________

Area or Building Manager

Date

Signature