### Jobs Safety Analysis (JSA)

<table>
<thead>
<tr>
<th>JOB/ACTIVITY NAME:</th>
<th>Move UH girders</th>
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<tbody>
<tr>
<td>DEPARTMENT/GROUP NAME</td>
<td>MET / AEG</td>
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<tr>
<td>BLDG/AREA LOCATION(s):</td>
<td>LCLS / UH</td>
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<td>OTHER INFORMATION:</td>
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#### REQUIRED PERSONAL PROTECTIVE EQUIPMENT FOR ENTIRE JOB
- ☐ safety glasses
- ☐ safety shoes
- ☐ chemical resistant gloves
- ☐ other reflective vest
- ☐ other flashlight
- ☐ chemical goggles
- ☐ hard hat
- ☐ welding gloves
- ☐ gloves
- ☐ other long pants / sleeves
- ☐ other____________________
- ☐ face shield
- ☐ harness lanyard
- ☐ gloves
- ☐ long pants / sleeves
- ☐ other____________________
- ☐ welding goggles
- ☐ hearing protection
- ☐ hearing protection

### Basic Steps
#### Set Up Equipment and Targeting
- Set up survey instruments (includes Class 2 laser instruments)
- Place targets on and around components
- Plug in instruments
- Use illumination if necessary

### Potential Hazards
- Radiation
- Electrocution
- Injuries from using hand-tools improperly including cuts, eye injuries or electrical shock
- Prolonged eye exposure to laser

### Controls
- 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)
- Use gloves when adjusting component
- Inspect ladders before use and never climb to the top rungs
- No unattended operation of laser instruments
- Use warning signs when laser instruments are in use (laser tracker requires “CAUTION” sign)
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.

<table>
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<tr>
<th>Worker Name (please print)</th>
<th>Signature</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): ___________________________

Cater / area manager
Area or Building Manager
Signature: ___________________________ Date: __________