# Jobs Safety Analysis (JSA)

**JOB/AIDSCTIVITY NAME:**
As Built measurements of big pipes

**DEPARTMENT/GROUP NAME**
MET / AEG

**BLDG/AREA LOCATION(s):**
Bldg 33

**OTHER INFORMATION:**

## 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
- ☐ face shield
- ☐ harness lanyard
- ☐ gloves when handling tools
- ☐ other long pants / sleeves
- ☐ other____________________
- ☐ welding goggles
- ☐ hearing protection when drilling

<table>
<thead>
<tr>
<th>Basic Steps</th>
<th>Potential Hazards</th>
<th>Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set Up Equipment and Targeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Set up survey instruments (includes Class 2 or 3R laser instruments)</td>
<td>• Falling off ladders</td>
<td>• Inspect ladders before use and never climb to the top rungs</td>
</tr>
<tr>
<td>• Place targets on and around components including magnets</td>
<td>• Exposure to electrical energy</td>
<td>• Inspect power cords for any defects and use GFCIs (never daisy chain cords)</td>
</tr>
<tr>
<td>• Plug in instruments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Use illumination if necessary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform Survey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Make measurements</td>
<td>• Falling off ladders when moving targeting</td>
<td>• 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)</td>
</tr>
<tr>
<td></td>
<td>• Exposure to electrical energy</td>
<td>• Inspect ladders before use and never climb to the top rungs</td>
</tr>
</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
---|---|---

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 | Signature | Date
---|---|---
Supervisor

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):

Project manager Bobby McKee

Area or Building Manager | Signature | Date
---|---|---