JOBS SAFETY ANALYSIS

**Start Date:**

11/5/2009

**JOB/ACTIVITY NAME:**
Linac Laser Alignment

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

**BLDG/AREA LOCATION(s):**
Gallery / Sect 0

**SCOPES OF WORK**
Cycle Targets in Gallery and take data in sect 0

<table>
<thead>
<tr>
<th>Steps</th>
<th>Potential Hazards</th>
<th>Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open safety flaps</td>
<td>Vacuum fault</td>
<td>Engineering Controlls – Make sure the pressure gauges are set to less than 500mTorr before opening the safety flaps in sector 0</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.

<table>
<thead>
<tr>
<th>Worker Name (please print)</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert Pushor</td>
<td></td>
<td>11/6/2009</td>
</tr>
<tr>
<td>Michael Rogers</td>
<td></td>
<td>11/6/2009</td>
</tr>
</tbody>
</table>
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.

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): _______________________

Tam Galleto oral communication 11/5/2009

______________________________  ________________________________  _______________________
Area or Building Manager  Signature  Date