### Jobs Safety Analysis (JSA)

**JOB/ACTIVITY NAME:**
Take as-built measurements of the shaft at sect 19

**DEPARTMENT/GROUP NAME**
MET / AEG

**BLDG/AREA LOCATION(s):**
Linac Sect 19

**OTHER INFORMATION:**

#### REQUIRED PERSONAL PROTECTIVE EQUIPMENT FOR ENTIRE JOB
- ☒ safety glasses
- ☒ safety shoes
- ☐ chemical resistant gloves
- ☒ hard hat
- ☒ welding gloves
- ☒ gloves when adjusting component
- ☒ other reflective vest
- ☒ other flashlight
- ☐ other chemical goggles
- ☒ hard hat
- ☒ welding gloves
- ☒ gloves when adjusting component
- ☒ other long pants / sleeves
- ☒ other

#### Basic Steps

**Set Up Equipment and Targeting**
- Set up survey instruments (includes Class 2 or 3R laser instruments)
- Place targets on and around shaft
- Plug in instruments
- Use illumination if necessary

**Perform Survey**
- Place area warning signs for laser BUT ONLY WHEN IN USE
- Make measurements
- Remove any laser warning signs when not in use

<table>
<thead>
<tr>
<th>Potential Hazards</th>
<th>Controls</th>
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<tbody>
<tr>
<td>Radiation</td>
<td>Follow posted radiation signs and read AHA</td>
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<tr>
<td>Electrocution</td>
<td>Inspect hand or power tools and cords before use</td>
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<td></td>
<td>Inspect power cords for any defects and use GFCIs (never daisy chain cords)</td>
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<tr>
<td>Prolonged eye exposure to laser</td>
<td>Inspect ladders before use and never climb to the top rungs</td>
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<td>No unattended operation of laser instruments</td>
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<td></td>
<td>Use warning signs when laser instruments are in use (laser scanner requires “DANGER” sign)</td>
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<tr>
<td></td>
<td>Must verify that laser scanner range interlock of 0.3 meters is active at start of operation and monitor proper scanning during measurement</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

________________________  ________________________________  ________________

________________________  ________________________________  ________________

________________________  ________________________________  ________________

________________________  ________________________________  ________________

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): ________________

7:30 kick off meeting

________________________  ________________________________  ________________

Area or Building Manager  Signature  Date