## Jobs Safety Analysis (JSA)

**JOB/ACTIVITY NAME:** Layout in UH, alignment measurements in UH  
**JSA #:**

**DEPARTMENT/GROUP NAME**  
MET / AEG  
**BLDG/AREA LOCATION(s):** UH  
**OTHER INFORMATION:**

### Required Personal Protective Equipment for Entire Job

- Safety glasses
- Safety shoes
- Chemical resistant gloves
- Reflective vest
- Flashlight
- Chemical goggles
- Hard hat
- Welding gloves
- Face shield
- Harness lanyard
- Gloves when handling tools
- Long pants / sleeves
- Other: ______________________

### Basic Steps

<table>
<thead>
<tr>
<th>Set Up Equipment and Targeting</th>
<th>Potential Hazards</th>
<th>Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Set up survey instruments (includes Class 2 or 3R laser instruments)</td>
<td>- Radiation</td>
<td>- Inspect power cords for any defects and use GFCIs (never daisy chain cords)</td>
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<td>- Place targets on and around components including magnets</td>
<td>- Falling off ladders</td>
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<tr>
<td>- Plug in instruments</td>
<td>- Exposure to electrical energy</td>
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<td>- Use illumination if necessary</td>
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<tr>
<td>Perform Survey</td>
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<tr>
<td>- Make measurements</td>
<td>- Injuries from using hand-tools improperly including cuts, eye injuries or electrical shock</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>
</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.

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):

Area or Building Manager  Signature  Date