

		<h2 style="text-align: center;">Jobs Safety Analysis</h2>		Start Date: 10/7/2009 (one year)
JOB/ACTIVITY NAME: Chop Saw			JSA # (optional):	
DEPARTMENT/GROUP NAME Metrology / Alignment Engineering Group		BLDG/AREA LOCATION(s): 107		OTHER INFORMATION or REFERENCES::
SCOPE OF WORK Cutting material				

Steps	Potential Hazards	Controls
Check saw blade for sharpness, obstructions, properly functioning guard	Loose, obstructed, or dull blades or guards create pinching hazards	Adjust and tighten blades and guards Avoid contact with blade teeth.
Align materials flat on table and flush to the back of table	Pinching fingers or hand	Keep fingers and hands away from pinch points.
Start and operate saw.	Cutting fingers and hands Flying metal chips	Keep fingers and hands away from blade. Wear safety glasses or face shield.

JOB/ACTIVITY NAME: Chop Saw_____

START DATE: 10/7/2009

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

Brendan Dix

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): _____

Mike Racine

Area or Building Manager

Signature

Date