

	Jobs Safety Analysis		Start Date: 10/7/2009 (one year)
JOB/ACTIVITY NAME: Drill press		JSA # (optional):	
DEPARTMENT/GROUP NAME Metrology / Alignment Engineering Group	BLDG/AREA LOCATION(s): 107	OTHER INFORMATION or REFERENCES::	
SCOPE OF WORK drilling			

Steps	Potential Hazards	Controls
Clean the table. Check guards.	Eye injury from metal debris	Wear eye protection. Align & secure guards.
Load the vise.	Foot injury if the vise falls Finger pinching while sliding the vise	Secure the vise on the table with T-pins. Don't let your fingers get under the vise unless you are lifting it from the table. Keep your eyes on the task.
Lock the table in place.	Back strain	Don't lean over the table to twist the lock handle.
Load the bit.	Hand injury from the bit	Wear gloves. Don't hold on the end of the bit.
Start the drill.	None foreseen	
Feed the drill with the feed.	Injury caused by breaking the bit Eye or skin damage from cutting oil Hand injury from the exposed pulley near the feed handle	Feed with the appropriate pressure. Use the appropriate bit for the type of metal. Wear eye protection. Wear eye protection. Make sure a pulley guard is in place.
Unload the vise.	Foot injury if the vise falls Finger pinching while sliding the vise	Leave the vise secure on the table with T-pins until it is unloaded. Don't let your fingers get under the vise unless you're lifting

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		it from the table. Keep your eyes on the task.
Clean the table.	Eye injury from metal debris	Wear eye protection.

***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

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.

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