

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

Steps	Potential Hazards	Controls
Align material.	Cutting hand Pinching hand and fingers	Wear leather gloves. Deburr material Do not slide hands along edges. Keep hand and fingers from pinch point.
Depress foot treadle.	Pinching leg and foot Muscle strain Cutting hand	Keep leg and foot free from support arms. Position body to maintain balance. Maximize use of legs to avoid twisting Wear leather gloves. Beware of fresh, sharp edge.

JOB/ACTIVITY NAME: Foot shear

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.

authority and responsibility to stop work I believe to be unsafe.

I understand I have the

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