

		<h2 style="text-align: center;">Jobs Safety Analysis</h2>		Start Date: 10/7/2009 (one year)
JOB/ACTIVITY NAME: Hand and power tools			JSA # (optional):	
DEPARTMENT/GROUP NAME Metrology / Alignment Engineering Group		BLDG/AREA LOCATION(s): 107		OTHER INFORMATION or REFERENCES::
SCOPE OF WORK Using hand and power tools for fabrication purposes				

Steps	Potential Hazards	Controls
Check condition of the cutting edge, if applicable.	Lacerations.	Avoid contact with cutting edge. Be sure the tool is unplugged.
Check that the guard is in working condition and in the proper position, if applicable.	Lacerations.	Avoid contact with cutting edge. Be sure the tool is unplugged.
Plug in power tool.	Injuries from starting tool when in the “on” position. Injuries from tripping or falling Potential electrocution from cord in poor condition.	Ensure tool is in the “off” position before plugging in. Ensure the cord is routed to eliminate trip hazards. If necessary, cover, tape down or place devices (cones, barrier) to reduce risk of tripping. Inspect condition of cord before plugging in. If cord is in poor condition, do not use the tool until the cord has been repaired.
Operating power tool.	Lacerations and other injuries.	Always wear safety goggles. Evaluate surroundings before turning on power tool and be aware of others. Make sure that cutting will not come into contact with any utilities. Don't wear loose clothing. Make sure the blade or bit is not binding as it goes into the work. If blade or bit is binding, cease operation of the tool and evaluate reasons for binding. Ensure that material being operated on is secured.
Unplugging power tool.	Lacerations.	Ensure tool is in the “off” position before unplugging.

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Changing blade/bit/other tool parts.	Lacerations.	Ensure tool is unplugged before changing any part of the tool.

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