SLACE NATIONAL ACCELERATOR LABORATORY	Jobs Safety A	Analysis	Start Date: 10/7/2009 (one year)
JOB/ACTIVITY NAME:		JSA # (optional):	
Lathe work			
DEPARTMENT/GROUP NAME	BLDG/AREA LOCATION(s):	OTHER INFORMATION or REFI	ERENCES::
Metrology / Alignment Engineering	107		
Group			
SCOPE OF WORK			
Lathing			

Steps	Potential Hazards	Controls
Check guards.	Eye injury from metal debris	Wear eye protection.
		Align & secure guards.
Load the chuck	Foot injury if the chuck falls	Secure the chuck onto taper
	Finger pinching while moving chuck	
		Keep your attention on the task.
Lock the chuck in place.	Back strain	Don't lean over the table to twist the lock handle.
Load the tool	Hand injury from the tool	Hold tool holder
Tighten tool holder	Tool slips out	Check tightness
Start the lathe	Cutting fluid spray	Stand to side of chuck
Use power feed.	Injury caused by breaking the tool	Feed with the appropriate rate
		Use the appropriate tool for the type of metal.
	Eye or skin damage from cutting oil	Wear eye protection.
		Make sure a pulley guard is in place.
	Hand injury from the exposed pulley near the draw handle	

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

JOB/ACTIVITY NAME: Lathing	START DATE:1	10/7/2009
work changes or new hazards are introduced.		
I understand I have the authority and responsibil	lity to stop work I believe to be unsai	fe.

Worker Name (please print)	<u>Signature</u>	<u>Date</u>
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