

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

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 attention on the task.
Lock the table in place.	Back strain	Don't lean over the table to twist the lock handle.
Load the cutter	Hand injury from the cutter	Hold shank
Tighten cutter with draw bar	Cutter slips out	Check tightness
Start the mill	None foreseen	
Use power feed.	Injury caused by breaking the tool Eye or skin damage from cutting oil Hand injury from the exposed pulley near the feed handle	Feed with the appropriate rate Use the appropriate bit for the type of metal. Wear eye protection. Make sure a pulley guard is in place. Don't push the feed handle toward the pulley.

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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