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

| Steps | Potential Hazards | Controls |
|-------------------------------------|------------------------------------|--|
| Rotate turret to select punch size. | Pinching hand | Wear leather gloves. Keep fingers away from pinch points. |
| Align material with punch. | Cutting hand | Wear leather gloves. Deburr edges. Do not slide hands along edges. |
| Pull handle to operate punch. | Pinching hand Muscle strain | Wear leather gloves. Keep fingers away from pinch points. Position body in relation to the crank handle to avoid back and shoulder strain. |
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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

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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