## Jobs Safety Analysis (JSA)

<table>
<thead>
<tr>
<th>JOB/ACTIVITY NAME:</th>
<th>Alignment Network Monument Measurements</th>
<th>JSA #:</th>
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<tbody>
<tr>
<td>DEPARTMENT/GROUP NAME</td>
<td>MET / AEG</td>
<td>BLDG/AREA LOCATION(s): LCLS / BTH to FEE</td>
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</table>

### REQUIRED PERSONAL PROTECTIVE EQUIPMENT FOR ENTIRE JOB

- safety glasses
- safety shoes
- chemical resistant gloves
- other... reflective vest
- other... flashlight
- chemical goggles
- hard hat
- welding gloves
- face shield
- harness lanyard
- gloves when handling tools
- other... long pants / sleeves
- other... reflective vest
- other... flashback
- welding goggles
- hearing protection when drilling

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<tr>
<th>Job Steps</th>
<th>Potential Hazards</th>
<th>Controls</th>
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### Set Up Equipment and Targeting

- Set up survey instruments (includes Class 2 or 3R laser instruments)
- Place targets on and around components including magnets
- Plug in instruments
- Use illumination if necessary

- Falling off ladders
- Exposure to electrical energy

- Inspect ladders before use and never climb to the top rungs
- Inspect power cords for any defects and use GFCIs (never daisy chain cords)

### Perform Survey

- Make measurements

- Falling off ladders when moving targeting
- Exposure to electrical energy

- Do not stare continuously at a laser instrument (Class 2 lasers are safe due to natural blink reflex and Class 3R are safe with restricted beam viewing)
- Inspect ladders before use and never climb to the top rungs
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**

________________________________________________  __________________________________  ____________

________________________________________________  __________________________________  ____________

________________________________________________  __________________________________  ____________

________________________________________________  __________________________________  ____________

**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 required & in full compliance with SLAC training requirements) to perform this activity.**

________________________________________________  __________________________________  ____________

**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): ______________________________**

________________________________________________  __________________________________  ____________

________________________________________________  __________________________________  ____________

**Area or Building Manager | Signature | Date**