SLAC NATIONAL ACCELERATOR LABORATORY	**Jobs Safety Analysis (JSA)**	Date 3/12/2010-4/30/2010

JOB/ACTIVITY NAME: Align 24701B		JSA #:
DEPARTMENT/GROUP NAME MET / AEG	BLDG/AREA LOCATION(s): BSY- Sect 30	OTHER INFORMATION:

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 adjusting component	☐ other long pants / sleeves	☐ other_____
☐ welding goggles	☐ hearing protection			

Basic Steps	Potential Hazards	Controls
<u>Set Up Equipment and Targeting</u> ▪ Place targets on and around components ▪ Use illumination if necessary ▪	Electrical	▪ Follow group lockout procedure of MFD
<u>Perform Survey</u> ▪ Make measurements ▪ Adjust components as necessary using hand-tools ▪	▪ Injuries from using hand-tools improperly including cuts, eye injuries or electrical shock ▪	▪ Use gloves when adjusting component ▪

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.

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): _____

Area or Building Manager	Signature	Date