



## Jobs Safety Analysis (JSA)

Date 1/4/2010-4/30/2010

JOB/ACTIVITY NAME: Aligning 50Q1- Q2 & Q3		JSA #:
DEPARTMENT/GROUP NAME MET / AEG	BLDG/AREA LOCATION(s): BSY- Sect 30	OTHER INFORMATION:
REQUIRED PERSONAL PROTECTIVE EQUIPMENT FOR ENTIRE JOB <input type="checkbox"/> safety glasses <input type="checkbox"/> safety shoes <input type="checkbox"/> chemical resistant gloves <input type="checkbox"/> other reflective vest <input checked="" type="checkbox"/> other flashlight <input type="checkbox"/> chemical goggles <input type="checkbox"/> hard hat <input type="checkbox"/> welding gloves <input type="checkbox"/> face shield <input type="checkbox"/> harness lanyard <input checked="" type="checkbox"/> gloves when adjusting component <input type="checkbox"/> other long pants / sleeves <input type="checkbox"/> other _____ <input type="checkbox"/> welding goggles <input type="checkbox"/> hearing protection		

Basic Steps	Potential Hazards	Controls
<u>Set Up Equipment and Targeting</u>  <ul style="list-style-type: none"> <li>▪ Place targets on and around components</li> <li>▪ Use illumination if necessary</li> </ul>	Radiation	<ul style="list-style-type: none"> <li>▪ Follow posted radiation signs and read AHA</li> </ul>
<u>Perform Survey</u>  <ul style="list-style-type: none"> <li>▪ Make measurements</li> <li>▪ Adjust components as necessary using hand-tools</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪ Injuries from using hand-tools improperly including cuts, eye injuries or electrical shock</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪ Use gloves when adjusting component</li> <li>▪</li> </ul>

***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***

JOB TITLE: Align LINAC Stopper

DATE: 9-23-2009

**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