

	Jobs Safety Analysis (JSA)		Date 1/4/2010-4/30/2010
	JOB/ACTIVITY NAME: Alignment Network Monument Measurements		
DEPARTMENT/GROUP NAME MET / AEG	BLDG/AREA LOCATION(s): LCLS / BTH to FEE	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 handling tools <input checked="" type="checkbox"/> other long pants / sleeves <input type="checkbox"/> other _____ <input type="checkbox"/> welding goggles <input type="checkbox"/> hearing protection when drilling			

Basic Steps	Potential Hazards	Controls
<u>Set Up Equipment and Targeting</u> <ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ Falling off ladders ▪ Exposure to electrical energy 	<ul style="list-style-type: none"> ▪ Inspect ladders before use and never climb to the top rungs ▪ Inspect power cords for any defects and use GFCIs (never daisy chain cords)
<u>Perform Survey</u> <ul style="list-style-type: none"> ▪ Make measurements 	<ul style="list-style-type: none"> ▪ Falling off ladders when moving targeting ▪ Exposure to electrical energy 	<ul style="list-style-type: none"> ▪ 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.

<u>Worker Name (please print)</u>	<u>Signature</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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): _____

_____	_____	_____
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Area or Building Manager	Signature	Date
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