



Jobs Safety Analysis (JSA)

Date 5/11/2009-5/16/2009

JOB/ACTIVITY NAME: NLCTA Beam Line and component alignment		JSA #:
DEPARTMENT/GROUP NAME MET / AEG	BLDG/AREA LOCATION(s): NLCTA	OTHER INFORMATION:
REQUIRED PERSONAL PROTECTIVE EQUIPMENT FOR ENTIRE JOB <input type="checkbox"/> safety glasses <input checked="" type="checkbox"/> safety shoes <input type="checkbox"/> chemical resistant gloves <input type="checkbox"/> other reflective vest <input type="checkbox"/> other <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 using tools) <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 and Perform Survey</u> <ul style="list-style-type: none"> ▪ Set up survey instruments ▪ Lock out tag out if necessary ▪ Place targets on and around components ▪ Use illumination if necessary 	<ul style="list-style-type: none"> ▪ Electric hazards ▪ Falling off ladders 	<ul style="list-style-type: none"> ▪ Lock out Tag out ▪ Use leather gloves when using tools (see checklist above) ▪ 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