

	<b>Jobs Safety Analysis</b>		Start Date: <b>10/8/2010</b>
JOB/ACTIVITY NAME: SPEAR3 tunnel wall monument installation		JSA # (optional):	
DEPARTMENT/GROUP NAME Metrology / Alignment Engineering Group	BLDG/AREA LOCATION(s): SPEAR tunnel	OTHER INFORMATION or REFERENCES:	
SCOPE OF WORK SPEAR3 tunnel wall monument installation			

Steps	Potential Hazards	Controls
<u>Install New Monuments</u> <ul style="list-style-type: none"> <li>▪ Drilling new monuments using power tools such as a hammer drills</li> <li>▪ Install new monuments; anchors on wall</li> </ul>	<ul style="list-style-type: none"> <li>▪ Particles flying into eyes</li> <li>▪ Noise</li> <li>▪ Exposure to electrical energy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Hearing protection while drilling</li> <li>▪ Inspect hand or power tools and cords before use</li> <li>▪ Inspect power cords for any defects and use GFCIs (never daisy chain cords)</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 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.***

JOB/ACTIVITY NAME: Monument Installation

START DATE: 10-8-2010

Worker Name (please print)

Signature

Date

\_\_\_\_\_

\_\_\_\_\_

10-8-2010\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10-8-2010\_\_\_\_\_

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

Georg Gassner

\_\_\_\_\_

10-8-2010\_\_\_\_\_

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