



Jobs Safety Analysis

Start Date:

10/7/2009 (one year)

JOB/ACTIVITY NAME:

Angle Grinder

JSA # (optional):

DEPARTMENT/GROUP NAME
Metrology / Alignment Engineering Group

BLDG/AREA LOCATION(s):
107

OTHER INFORMATION or REFERENCES::

SCOPE OF WORK

Grind material

Steps	Potential Hazards	Controls
Check cord integrity.	Hand cut from cut wires.	Wear leather gloves. Inspect slowly.
Check conditions of grinding wheel and appropriate RPM.	(None foreseen)	
Check grinding wheel tightness.	Hand injury from inadvertent starting	Do not plug in the machine until inspection is complete.
Verify the guard is tight and appropriate for the job.	Foot injury from dropping the tool	Rest the tool on the bench. Wear steel-toed shoes.
Verify the appropriate handle location.	Foot injury from dropping the tool	(See controls for Task 4.)
Inspect trigger for physical damage and proper operation.	(None foreseen)	
Make sure the materials being ground are adequately secured and positioned correctly.	Injuries associated with the work propelled by the grinder and/or landing on you	Verify the work is adequately secured by trying to dislodge it with a gloved hand (the work weight may secure it enough). Wear steel-toed shoes.
Plug-in the grinder.	Eye and skin damage from projectiles.	Check the trigger switch to insure it is off.
Begin grinding.	Eye injuries from projectiles and sparks Skin damage from sparks and projectiles Hearing loss	Wear safety glasses/goggles and a face shield. Wear leather gloves, long sleeved shirt, long pants, or leather

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	<p>Ergonomic considerations. Inhalation of toxic or irritant fume or particulate</p>	<p>welding guards. Wear ear plugs. Change position from time to time. Wear vibration resistant gloves. the appropriate respirator based on the content of the metal and its coatings. Contact EH&S (2-3073) for evaluation and exposure assessment. Cal or dilution ventilation to direct or collect fumes and/or particulate</p>
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***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

Brendan Dix _____

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 _____

Supervisor

Signature

Date

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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): _____

Mike Racine

Area or Building Manager

Signature

Date