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|  | Jobs Safety Analysis | | Start Date: 10/7/2009 (one year) |
| JOB/ACTIVITY NAME: Belt Sander | | JSA # (optional): | |
| DEPARTMENT/GROUP NAME Metrology / Alignment Engineering Group | BLDG/AREA LOCATION(s): 107 | OTHER INFORMATION or REFERENCES:: | |
| SCOPE OF WORK Sanding | | | |

| Steps | Potential Hazards | Controls |
|---|---|--|
| Turn on sanding belt. | Flying dust and debris in eyes Muscle strain | Wear safety glasses and face shield. Keep face and hands away from moving belts. Make sure guards are in place. Position body to maintain balance. Avoid twisting and overextending. |
| Align material with belt sander. | Cutting hand on metal or on moving belt | Wear gloves. Don't hold sharp edges. Keep hands and fingers away from belts. Make sure guards are in place. |
| Angle material and make contact with belt sander. | Flying debris and dust in face and eyes Belt breaking Cutting hand on moving belt | Wear safety glasses and face shield. Control amount of pressure exerted on belt and maintain balance. Make sure belt guards are in place. Keep hands and fingers away from moving belt. Make sure guards are in place. |
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JOB/ACTIVITY NAME: Belt Sander_____

START DATE: 10/7/2009

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

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