

	<h2>Jobs Safety Analysis</h2>	Start Date: 2/2/2011
JOB/ACTIVITY NAME: GPS basestation upgrade		JSA # (optional):
DEPARTMENT/GROUP NAME MET / AEG	BLDG/AREA LOCATION(s): GPS base station	OTHER INFORMATION or REFERENCES::
SCOPE OF WORK GPS basestation upgrade		

Steps	Potential Hazards	Controls
<u>Lock out Racks</u>	<ul style="list-style-type: none"> ▪ Exposure to electrical energy 	<ul style="list-style-type: none"> ▪ Read ELP ▪ Follow instructions of Low voltage electricians to apply Locks ▪ Watch zero volt verification ▪
<u>Remove Racks</u> <ul style="list-style-type: none"> ▪ Remove components form racks ▪ Remove racks 	<ul style="list-style-type: none"> ▪ Injuries from using hand-tools improperly including cuts, eye injuries 	<ul style="list-style-type: none"> ▪ Inspect hand or power tools and cords before use ▪ Wear gloves
<u>Mount new Racks</u>	<ul style="list-style-type: none"> ▪ Injuries from using hand-tools improperly including cuts, eye injuries 	<ul style="list-style-type: none"> ▪ Inspect hand or power tools and cords before use ▪ Wear gloves
<u>Remove locks</u> <ul style="list-style-type: none"> ▪ Remove AEG locks ▪ Contact electricians to reenergize equipment 	<ul style="list-style-type: none"> ▪ Exposure to electrical energy 	<ul style="list-style-type: none"> ▪ Follow instructions of Low voltage electricians

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

JOB/ACTIVITY NAME: Support Quad vibration stabilization project

START DATE: 2/2/2011_____

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>
Hans Imfeld _____	_____	_____
John McDougal _____	_____	_____
Bryan Rutledge _____	_____	_____

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.

Gassner, Georg _____

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): _____

Release through Area manager

Area or Building Manager _____ Signature _____ Date _____