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|---|--------------------------------|-----------------------------------|-------------------|---------------------------------|
|  | | Jobs Safety Analysis | | Start Date: 6/16/2010 |
| JOB/ACTIVITY NAME: Map Solenoid in injector vault | | | JSA # (optional): | |
| DEPARTMENT/GROUP NAME MET / AEG | BLDG/AREA LOCATION(s): 001C | OTHER INFORMATION or REFERENCES:: | | |
| SCOPE OF WORK Map Solenoid in injector vault | | | | |

| Steps | Potential Hazards | Controls |
|---|---------------------------------|---|
| Going down into injector vault | Fall hazard | Wear hard hat going down |
| Transport survey equipment into vault | Dropping equipment | Use well tied ropes to lower equipment Vacate area below equipment being lowered before lowering equipment |
| Perform Survey (includes Class 2 laser instruments) | Prolonged eye exposure to laser | No unattended operation of laser instruments Use warning signs when laser instruments are in use (laser tracker requires "WARNING" sign) |

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.

| | | |
|-----------------------------------|------------------|-------------|
| <u>Worker Name (please print)</u> | <u>Signature</u> | <u>Date</u> |
| Levirt, Griffin _____ | _____ | _____ |
| McDougal, John _____ | _____ | _____ |

JOB/ACTIVITY NAME: Map Solenoid in injector vault
Gaydosh, Michael

START DATE: 6/16/2010_____

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.

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): _____

CATER ROD JOB

Area or Building Manager

Signature

Date