

	<h2>Jobs Safety Analysis</h2>	Start Date: 7/14/2010
JOB/ACTIVITY NAME: Align TD11 / vibration study quad 501		JSA # (optional):
DEPARTMENT/GROUP NAME MET / AEG	BLDG/AREA LOCATION(s): 001/S20 001/S26	OTHER INFORMATION or REFERENCES::
SCOPE OF WORK Align TD11/ Monitor Q501		

Steps	Potential Hazards	Controls
<u>Lock out Magnets</u> - If cover is removed	<ul style="list-style-type: none"> ▪ Exposure to electrical energy 	<ul style="list-style-type: none"> - Read ELP - Follow instructions of PEM personal to apply Locks - Watch zero volt verification of PEM personal
<u>Set Up Equipment and Targeting</u> <ul style="list-style-type: none"> ▪ Carry equipment down through the stairs at sector 24 ▪ Setup survey equipment ▪ Glue targets on magnet 	<ul style="list-style-type: none"> ▪ Injuries from using hand-tools improperly including cuts, eye injuries or electrical shock 	<ul style="list-style-type: none"> ▪ Inspect hand or power tools and cords before use
<u>Perform Survey</u> <ul style="list-style-type: none"> ▪ Take measurements of 501 ▪ Apply torque to screw ▪ After vibration tests are completed realign 501 ▪ Mark layout on wall for new ▪ Adjust TD11 		
<u>Remove Equipment</u>		

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<ul style="list-style-type: none"> ▪ Remove temporary targets ▪ Carry equipment out through the stairs at sector 24 		
<u>Remove locks</u>		

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

Hans Imfeld _____

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 CATER / are manager_____

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Area or Building Manager

Signature

Date