

	<h2>Jobs Safety Analysis</h2>	Start Date: 7/14/2010
JOB/ACTIVITY NAME: As built BSY		JSA # (optional):
DEPARTMENT/GROUP NAME MET / AEG	BLDG/AREA LOCATION(s): BSY	OTHER INFORMATION or REFERENCES::
SCOPE OF WORK Take as built measurements with laser scanner and TC2002		

Steps	Potential Hazards	Controls
<u>Set Up Equipment and Targeting</u> <ul style="list-style-type: none"> ▪ Set up survey instruments (includes Class 2 or 3R laser instruments) ▪ Place targets on and around components ▪ Plug in instruments ▪ Use illumination if necessary 	<ul style="list-style-type: none"> ▪ Radiation ▪ Electrocutation 	<ul style="list-style-type: none"> ▪ Follow posted radiation signs and read AHA ▪ Inspect hand or power tools and cords before use ▪ Inspect power cords for any defects and use GFCIs (never daisy chain cords)
<u>Perform Survey</u> <ul style="list-style-type: none"> ▪ Place area warning signs for laser BUT ONLY WHEN IN USE ▪ Make measurements ▪ Adjust components as necessary using hand-tools ▪ Remove any laser warning signs when not in use 	<ul style="list-style-type: none"> ▪ Injuries from using hand-tools improperly including cuts, eye injuries or electrical shock ▪ Prolonged eye exposure to laser 	<ul style="list-style-type: none"> ▪ Use gloves when adjusting component ▪ Inspect ladders before use and never climb to the top rungs ▪ No unattended operation of laser instruments ▪ Use warning signs when laser instruments are in use (laser scanner requires “DANGER” sign) ▪ Must verify that laser scanner range interlock of 0.3 meters is active at start of operation and monitor proper scanning during measurement

JOB/ACTIVITY NAME: Map Solenoid in injector vault

START DATE: 6/16/2010

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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.

<u>Worker Name (please print)</u>	<u>Signature</u>	<u>Date</u>
Michael Gaydosh _____	_____	_____
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
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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): _____

Release through CATER / are manager _____

Area or Building Manager	Signature	Date
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