

	Jobs Safety Analysis		Start Date: 8/15/2010
JOB/ACTIVITY NAME: Align Tweaker Quad		JSA # (optional):	
DEPARTMENT/GROUP NAME MET / AEG	BLDG/AREA LOCATION(s): LTU	OTHER INFORMATION or REFERENCES::	
SCOPE OF WORK Layout floor points, align tweaker quad			

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) ▪ Plug in instruments ▪ Use illumination if necessary 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ Inspect ladders before use and never climb to the top rungs ▪ Inspect power cords for any defects and use GFCIs (never daisy chain cords) ▪ Setup laser safety warning signs
<u>Perform Survey</u> <ul style="list-style-type: none"> ▪ Make measurements 	<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"> ▪ Do not stare continuously at a laser instrument (Class 2 lasers are safe due to natural blink reflex and Class 3R are safe with restricted beam viewing) ▪ Inspect ladders before use and never climb to the top rungs

JOB/ACTIVITY NAME: Map Solenoid in injector vault

START DATE: 6/16/2010_____

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>
Francis Gaudreault _____	_____	_____
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 Cater _____

_____	_____	_____
Area or Building Manager	Signature	Date