

Job Safety Analysis (JSA)

Case and doc. no in ePhorte:
2012/11454-30

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Prepared by :
HSE staff, OPA

Date : 24.09.2012
Edition : 1

Unit: Nikon XT H 225 ST micro computed tomography (micro-CT) **Date:** __/__/20__

Job task to which this Job Safety Analysis applies: Non-destructive high-resolution 3D imaging of solid objects with a Nikon XT H 225 ST micro-CT

Responsible employer: _____

Time of performance of the work: _____

Persons involved in performance of the work: _____

Description of the work: Scanning of solid materials

Training required: Introduction to the operation of the Nikon XT H 225 ST micro-CT (length of the training variable according to the users experience).

PPE and other protective equipment to be used: eventually gloves (during sample preparation).

Analysis:

Sub-tasks	Hazards	Preventive measures
Operation	Ionization radiation	Micro-CT is regularly serviced and safety checked. There should be no exposure to X-rays or to the ionization radiation. The operator is not exposed to any radiation under normal working mode. Never deviate from normal mode or try to override the interlock. If you are a regular user of the lab, use your dosimeter.
	Electrocution	Do not remove the protective covers from the micro-CT instrument. Do not open other components of the equipment. Do not touch cables and wires. Do not let water or other objects in contact with electronic

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Sub-tasks	Hazards	Preventive measures
		components of the equipment.
Introducing and/or removing samples in the micro-CT	Personal injury caused by jamming body parts (hands)	Make sure hands and/or other body parts are clear of the chamber when closing chamber door.
Prolonged use	Eye strain	Do regular breaks (10 min/h during operation)
	Tiredness	Do regular breaks (10 min/h during operation)
	Musculoskeletal strain or injury	Do regular breaks (10 min/h during operation) Adjust height of the seat, so that the back and neck are upright

Participants in the analysis and signatures

Role	Name	Date/signature
Lab Manager/deputy	_____	_____/_____
_____	_____	_____/_____
_____	_____	_____/_____

The Job Safety Analysis has been read (signatures of users who will perform or be affected by the work)

Name	Date/signature
_____	_____/_____
_____	_____/_____
_____	_____/_____