

# Beaumont / AIM

## JOB SAFETY ANALYSIS (JSA)

Job/Work Activity: Molding Machine Operator

Date: 07/15/20

Job Location: AIM Lab / Production

JSA Completed By: Jason Travitz / Todd Sturgeon

Sequence of Job Steps	Potential Hazard / Injury	Corrective Action(s)
1. Load material into the feed hopper	1a. Strain/ sprain	1a. Material scoops are only about 5 LBS but use good body mechanics and never try and pick up a bin of material
	1b. Struck by material	1b. Wear PPE and never look into the feed throat – use a mirror and a tool if you suspect blockage
2. Start Up / Purging	2a. Struck by material / burns	2a. Wear gloves and safety glasses. Make sure the guard and heat shield are in place. Use a hook to put material in the collection bucket.
3. Move the carriage to the mold position	3a. Caught in moving machine parts	3a. Make sure guards are in place and keep hands away from the moving machine components
4. Operate the molding equipment	4a. Caught in moving machine parts / burns	4a. Ensure doors are closed and guards are in place. Never reach around, over, or under the doors / guards.
5. Normal part removal	5a. Strain sprain handling part tote / burns	5a. Wear gloves for fresh part handling. Use good body mechanics when lifting totes. Minimize tote loading and use a cart to transport.
6. Stuck part removal from a mold	6a. Caught in moving machine parts / burns	6a. Confirm machine is shut off or locked out. Wear glasses and gloves. Use brass tool, torch, pliers, and implement to remove part – depending on condition.
7. Melt temperature measurement	7a. Caught in moving machine parts / burns	7a. Wear glasses and gloves. Use a purge catcher to collect material. Keep hands away from the moving machine parts.
8. Cooling system start up	8a. Contact with pressurized water / slip and fall	8a. Confirm quick connections are in place and firmly coupled before opening valve circuits. Clean up any material leaks immediately.

**PPE Required**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| <input type="checkbox"/> Safety Glasses | <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Safety Toe Shoes | <input type="checkbox"/> Respiratory Protection | <input type="checkbox"/> Gloves - Cut or Heat | <input type="checkbox"/> Apron / Coat / Pants |
| <input type="checkbox"/> Face Shield    | <input type="checkbox"/> Hard Hat           | <input type="checkbox"/> Metatarsal Shoes | <input type="checkbox"/> Fall Protection Gear   | <input type="checkbox"/> Gloves - Chemical    | <input type="checkbox"/> Other _____          |

Student Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_