



OFFENDER JOB HAZARD ANALYSIS

Analysis Conducted by: Rod Buck Date: 2012
 Project Location: OYA Facilities Department: OYA Facilities
 Project or Task: Lattice Shop Projects Host Agency: OYA
 Equipment and Tool list: NA
 Job Description: Lattice Worker

LIST THE SPECIFIC HAZARD NOTED IN THE BOXES BELOW:

	HEAD	EYES/FACE	SKIN	HAND	FOOT	HEARING	OTHER	PPE minimum requirement) or Process/ Engineering control
FALL/TRIP/SLIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Boots, Gloves, be aware of surroundings, proper use of ladders (don't stand on top step)
Description	Uneven walking surfaces / Uneven grounds / Ladder Usage							
ENTRAPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Description	No entrapment issues							
NOISE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wear ear plugs - Hearing Protection
Description	Power tools							
DUST/VAPOR/FUMES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Always use in well ventilated area. Wear goggles and or safety glasses, face shield to protect face and eyes. Be aware of MSDS sheets on proper use of product. Wear breathing mask if using vapor emitting products.
Description	Some chemicals may require PP and E.							
ABSORPTION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wear gloves, eye protection, ensure proper training and knowledge (MSDS) before use. Wear gloves and long sleeve shirt, long pants to cover the skin
Description	Cleaning chemicals / Caustic solutions for prep - removal							
ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper storage and maintenance or cords, etc.
Description	Most tools used are electrical							
CHEMICAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wear gloves, breathing mask, goggles, long shirt and pants, use in well ventilated areas, proper training and knowledge of MSDS sheets before use
Description	Caustic cleaning solutions / Cleaning chemicals							
WORKING SURFACE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper footwear, make sure area is clear of foreign objects, train on specific safe operating procedures for equipment
Description	Slippery conditions (ice, leaves) various and uneven surfaces							



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State of Oregon
OREGON YOUTH AUTHORITY

Fork Lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Operation of a forklift may be required.						Follow all safety guidelines when operating forklift.	
Description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Notes:								

Staff signature (staff who completed form)

Date signed