

MODULE 1-06 HAZARD IDENTIFICATION

ALL EMPLOYEES ARE TO BE TRAINED PRIOR TO USING ANY EQUIPMENT

I. Purpose

- A. Hazard identification takes place all day every day. The key component of preventing injuries is identifying hazards. Hazard identification flags our attention to unsafe acts and conditions.
- B. **Unsafe acts** are personal activities or behaviors that expose people to hazards or which are themselves a hazard. Examples are horseplay, improper lifting, use of drugs and alcohol, and improper use of personal protective equipment. Unsafe acts cause personal, property, and product damage.
- C. **Unsafe conditions** are physical dangers with which employees may come into contact. Examples are unused or disabled machine guards, poor housekeeping, frayed wiring, narrow aisles, uneven stacking, broken fire systems, and storm damage. Unsafe conditions also cause personal, property, and product damage.



II. Hazard Abatement

- A. The flip side of hazard identification is hazard abatement. Hazard abatement is the **elimination or correction** of safety-related problems.
- B. Many hazards can be corrected on the spot. Examples are: picking up obstructions in aisle ways; ensuring that you and others are wearing personal protective equipment properly, and checking equipment operability. Other hazards may need later follow-up such as re-stacking unsafe wood stacks, cleaning paths or repairing holes at campsites. Some hazards are important enough to tell your supervisor about so that repairs can be scheduled.



The hazard in this photo is not what appear to be giant snowballs falling, rather the downed and leaning trees resulting from a wind storm and the weight of snow accumulation.

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III. Hazard Identification Checklist

A. Housekeeping

Good housekeeping contributes to a safe work setting, a comfortable living environment and a more enjoyable place to work, and is a key factor in an integrated safety process. Maintaining appropriate housekeeping is a challenge requiring the cooperation of all managers, supervisors, and employees.

1. Are paths and visitor center areas free from debris?
2. Are restrooms, yurts and cabins clean?
3. Are aisle ways and passageways kept clear of obstructions?
4. Are campsites clean and free from tripping hazards - drop offs from RV pads, holes etc.?
5. Are handrails/guardrails in place and sturdy on stairways and second level viewing areas?



<Tree roots protruding above pathway on trail.

^Rocks on trail steps.

Debris on trail – tree leaning toward trail - erosion around culvert. >



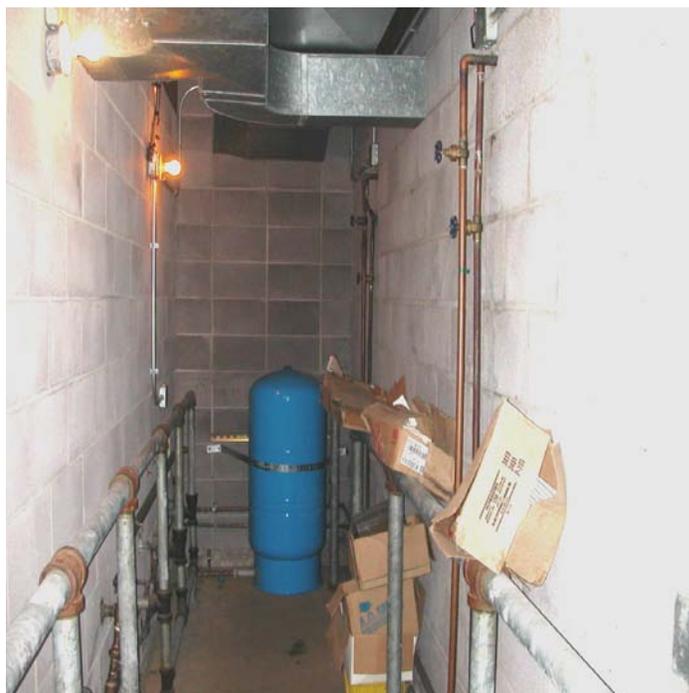
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B. Wall Openings and Paths

1. Do skylights have screens or fixed railings that would prevent someone from falling through?
2. Are open sided floors, platforms, runways or paths with a drop of more than 4 feet guarded by a standard railing?
3. Are paths clear? Too steep? Free from rocks or other trip hazards?
4. Are there erosion issues?

C. Means of Exit

1. In the event of fire or flooding, do exits allow for prompt escape?
2. Do employees have access to exits and know emergency exit routes?
3. Are exits clearly marked?
4. Are exit pathways clear of debris or barricades?



D. Personal Protective Equipment

1. Is the required safety equipment provided, maintained and used?
2. Does equipment meet the needs of the user?
3. Is it reliable and clean?

E. Park/Employee Facilities

1. Are park and employee facilities kept clean and sanitary?
2. Are restrooms clean and in good repair?
3. Are boxes trash or do they contain stored items? Is there a better place for storage? Are boxes a potential fire hazard?

F. Medical and First Aid

1. Are employees trained as first aid practitioners?
2. Are first aid kits readily available?
3. Are first aid supplies replenished when used?

G. Fire Protection

1. Are extinguishers appropriate for types of fires most likely to occur?
2. Are there enough fire extinguishers present to get safely out of a building?

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3. Are locations of fire extinguishers clearly marked?
4. Are extinguishers fully charged?
5. Are special purpose extinguishers clearly marked?



< Should a fire extinguisher be mounted in or near this flammable storage room?

H. Material Handling

1. Are materials stacked, interlocked, and limited in height to maintain stability?
2. Are storage areas kept clear of tripping, fire, explosion, and pest hazards?
3. Is proper drainage provided?
4. Are powered industrial truck operators properly trained and certified?
5. Are industrial truck inspection checklists up to date?

I. Machine Guarding

1. Are “point of operation” guards in place and working on all operating equipment?
2. Are guards in place on all power equipment?



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J. Electrical

1. Are surge protectors in place on electronic equipment (computers, phones, faxes)?
2. Are electronic machines properly grounded?
3. Are portable hand tools grounded or double insulated?
4. Are junction boxes closed and labeled?
5. Are extension cords in good working condition? Not frayed or taped up?



IV. Demonstration and Proficiency

All persons trained in hazard identification are required to demonstrate their proficiency prior to signing the training ledger.

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Oregon Parks and Recreation Department (OPRD) SAFETY INSPECTION FORM (Jul 06)

LOCATION: _____ **INSPECTED BY:** _____ **DATE:** _____

Areas of inspection: each office, cubicle, corridor, break room, entrance/exit, rest room, electrical closet, shop, storage area and outside grounds/parking areas.

#	Inspection Items	FIX	OK	N/A
1	Aisle ways and corridors kept clear, at least 36 in wide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Cabinets/bookcases over 7 ft high secured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Ceiling clearance at least 18in (no furniture or materials within 18 in of ceiling).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Ceiling tiles in place and in good condition (no holes, water damage).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Chemicals stored in proper container, appropriately labeled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Desk and file cabinets' drawers closed and marked with warning if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Doors, drawers, chairs in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Electrical appliances meet Fire Marshall requirements: coffee pots and toasters rated for commercial use, space heaters with auto shut off and kept clear of combustibles (cannot run under counters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Electrical cords, power cords on equipment, outlets in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Electrical panels clear (at least 36 in clearance) and accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Excess materials stacked on desks, file cabinets, bookcases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Exits kept clear, well marked and accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Eyewash flushed weekly and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Fire and earthquake drills held within last 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Fire extinguisher checked monthly and serviced annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Fire extinguisher easily accessible, properly installed and signed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	First aid supplies adequate and accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Hazardous and/or flammable materials stored properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Ladders in good condition, properly rated and marked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Machinery and equipment guards in place, properly adjusted, in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	MSDS notebook and LO/TO procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Postings: OSHA poster, safety committee minutes, 300 log (Feb-Apr), emergency plan, fire prevention plan, evacuation route maps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Proper storage/stacking of materials, tools, rags, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Personal protective equipment accessible and properly used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Protruding objects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Slip/trip hazards (oil, grease, hoses, cords on floor).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Stairways – steps – handrails—aisles and walkways clear and unobstructed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Tools and equipment (saws, drills, blowers, sprayers, mowers, gators, golf carts) in good working order.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Warning signs in place as needed and illuminated if so designed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Welding equipment in good condition, gas cylinders properly secured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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FACILITY SAFETY INSPECTION FORM (Page 2)

LOCATION: _____ **INSPECTED BY:** _____ **DATE:** _____

When inspecting, identify each item that needs attention, by the number from page 1. Specify what corrective action is needed for each item, the date of the correction and who completed the action.

Item #	Location (Room #)	Inspection Item, Corrective Action	Comments	Person Completing Action	Date Action Completed

Inspector Signature: _____

Supervisor Signature: _____

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PROFICIENCY TEST

MODULE 1-06 HAZARD IDENTIFICATION

I. Multiple Choice:

1. Hazard Identification takes place:
 - a) Quarterly
 - b) Monthly
 - c) Weekly
 - d) Daily

2. Unsafe acts are:
 - a) Horseplay
 - b) Improper lifting
 - c) Use of drug/alcohol
 - d) All of the above

3. Unsafe conditions are:
 - a) No machine guards
 - b) Improper lifting
 - c) Use of drug/alcohol.
 - d) All of the above

II. True/False

4. _____ Hazard identification is everyone's responsibility.
5. _____ If you see a hazard you can correct, you should wait until you ask your supervisor.
6. _____ You should not talk to a person who is acting unsafely because it is the supervisor's responsibility.
7. _____ Housekeeping is a key component to successful hazard abatement.
8. _____ When looking for hazards, you should just focus on the obvious.
9. _____ You should look for hazards that are listed in your procedures manuals; nothing else is important.
10. _____ The purpose of hazard identification is to reduce the barriers that lead to injuries.
11. _____ The frequency that work place areas need to be inspected differs depending the hazard.

III. Discussion Questions

1. How would you integrate hazard identification into daily activities?

2. What processes are in place to abate hazards?

Employee Name: _____ Pass _____ No Pass _____ Date: _____

Take this test to your supervisor or trainer for sign off.