



# OFFENDER JOB HAZARD ANALYSIS

Analysis Conducted by: Rod Buck Date: 2012  
 Project Location: OYA Facilities Department: OYA Facilities  
 Project or Task: General Facility Maintenance Host Agency: OYA  
 Equipment and Tool list: NA  
 Job Description: Custodial 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
<b>FALL/TRIP/SLIP</b> Description Wet floors / Spills / Uneven floors / Mats / Carts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wet floor signs for spills. Non - Slip shoes. Keep buckets out of walkways Make sure mats not curled on edges and are laying flat					
<b>ENTRAPMENT</b> Description Minimum chance of entrapment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Make certain you have ample work space when cleaning or maintaining any equipment					
<b>NOISE</b> Description When operating powered equipment or machinery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wear hearing protection				
<b>DUST/VAPOR/FUMES</b> Description Chemical fumes/ Painting/ Welding/ Finishing/ Cleaning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wear dust mask, proper training and knowledge of MSDS (chemicals) before use
<b>ABSORPTION</b> Description Working with cleaning chemicals	<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
<b>ELECTRICAL</b> Description NA	<input type="checkbox"/>							
<b>CHEMICAL</b> Description Cleaning chemicals and floor wax or finishing chemicals	<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"/>	Rubber gloves, Dust masks Goggles, Proper traing and knowledge (MSDS) before use
<b>WORKING SURFACE</b> Description Wet floors	<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"/>	Keep floor dry and free of slippery substances. Keep walkways open and clear
<b>TOOL MAINTENANCE</b> Description Tools/ Power tools/ Power equipment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ensure all tools and power equipment are in good working order					
<b>Description</b>	<input type="checkbox"/>							
<b>Description</b>	<input type="checkbox"/>							
<b>Description</b>	<input type="checkbox"/>							
<b>Description</b>	<input type="checkbox"/>							



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State of Oregon  
OREGON YOUTH AUTHORITY

Description

Description

Notes:

Staff signature (staff who completed form)

Date signed