



OFFENDER JOB HAZARD ANALYSIS

State of Oregon
OREGON YOUTH AUTHORITY

Analysis Conducted by: Rod Buck Date: 2012
 Project Location: OYA Facilities Department: OYA Facilities
 Project or Task: Facility / General Maintenance Host Agency: OYA
 Equipment and Tool list: NA
 Job Description: Supervised Maintenance Crew

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Description	Uneven surfaces / Ungroomed surfaces / Falling hazard (ladders) Wet surfaces / Freshly finished surfaces							Boots or non slip shoes. Awareness of surroundings
ENTRAPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Description	Minimum chance of entrapment behind appliances / Equipment							Make certain you have ample work space when cleaning and maintaining
NOISE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Description	When operating powered tools / Machinery / Equipment							Wear hearing protection
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"/>	
Description	Chemical fumes / Painting - Welding fumes / Finishing/ Cleaning							Ensure proper ventilation, wear breathing mask if using vapor emitting products, awareness of MSDS sheets for each product
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"/>	
Description	Cleaning Chemicals / Caustic solutions for prep or removal							Wear protective clothing gloves, goggles, aware of MSDS sheets for each product
ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Description	N/A							N/A
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"/>	
Description	Cleaning Chemicals / Floor Stripper / Floor finishing / Floor wax							Rubber gloves, dust masks goggles, proper training and knowledge (MSDS) sheets for each product
WORKING SURFACE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Description	Wet - uneven floor / Counter							Keep floor dry and free of slippery substances. Keep walkways open and surfaces clear to ensure safe work surface area
Operation and Maintenance of Machinery/Tools	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Description	Tools / Power tools / Power equipment / Flooring equipment							Ensure all tools and power equipment are in good working order, proper eye, face, leg and foot protection are used according to PPE.



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	<input type="checkbox"/>							
Description	<input type="checkbox"/>							
Description	<input type="checkbox"/>							
Description	<input type="checkbox"/>							
Description	<input type="checkbox"/>							
Notes:								

Staff signature (staff who completed form)

Date signed