



OFFENDER JOB HAZARD ANALYSIS

State of Oregon
OREGON YOUTH AUTHORITY

Analysis Conducted by: Rod Buck Date: 2012
 Project Location: Facility Living Units Department: OYA Facilities
 Project or Task: Kitchen Services Host Agency: OYA
 Equipment and Tool list: NA
 Job Description: Unit Kitchen 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wet floor signs for spills. Non - Slip shoes. Keep things out of walkways. Make sure mats not curled on edges and are laying flat
Description								
ENTRAPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Description	NA							
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 if prolonged exposure exists
Description	Hood system / Garbage disposal / Steam pots / dishwasher							
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"/>	Wear dust mask, proper training and knowledge of MSDS (chemicals) before use
Description	Chemical odor / Cooking smoke / Flour dust							
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
Description	Working with cleaning chemicals							
ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper training in use and techniques Unplug before cleaning
Description	Working with appliances / Toaster / Microwave/ Coffee pot							
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"/>	Rubber gloves, Dust masks Goggles, Proper traing and knowledge (MSDS) before use
Description	Kitchen cleaning chemicals / Bleach / Floor cleaner / Grease cutter							
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"/>	Keep floor dry and free of slippery substances Keep walkways open Food prep surfaces clear to ensure proper and safe food prep
Description	Wet - uneven floor / Food prep surfaces							
Burns	<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"/>	Gloves, Aprons, proper handling techniques
Description	Hot ovens / Stoves / Steamers / Boiling water / Dishwasher							



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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