



# OFFENDER JOB HAZARD ANALYSIS

Analysis Conducted by: Rod Buck Date: 2012  
 Project Location: Local Communities Department: OYA Facilities  
 Project or Task: Manual Labor Host Agency: OYA  
 Equipment and Tool list: NA

Job Description: Community Supervised Work Crew, Community Job Worker, Community Service/Volunteer and Non-paid Work Experience

## 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>	<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"/>	
Description	Uneven surfaces/ ungroomed surfaces/ falling hazards, (ladders) wet surfaces/ freshly finished surfaces							Proper footwear, be aware of surroundings.
<b>ENTRAPMENT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Description	Large holes, work under buildings.							Make certain you have ample work space, no work under buildings
<b>NOISE</b>	<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
<b>DUST/VAPOR/FUMES</b>	<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/ finishing/ cleaning							Ensure proper ventilation, wear breathing mask if using vapor emitting products, awareness of MSDS sheets for product
<b>ABSORPTION</b>	<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 sheet for all products
<b>ELECTRICAL</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Description	Before doing any digging or underground or overhead work check for electrical lines.							No digging allowed until a PUD check is confirmed
<b>CHEMICAL</b>	<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	Gas, deisel, cleaning chemicals/ caustic solutions							Rubber gloves, dust masks goggles, proper training and knowledge (MSDS) sheets for each product
<b>WORKING SURFACE</b>	<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, muddy, icy surfaces							Be aware of surroundings and wear proper footwear.
<b>Operation and Maintenance of Machinery/Tools</b>	<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/Machinery							Ensure all tools and power equipment are in good working order, proper eye, face, leg and foot protection are used according to PPE requirements
<b>Description</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Description</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Description</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Description</b>	<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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State of Oregon  
OREGON YOUTH AUTHORITY

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**Description**

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**Notes:**

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Staff signature (staff who completed form)

Date signed