



OFFENDER JOB HAZARD ANALYSIS

Analysis Conducted by: Rod Buck Date: 2012
 Project Location: OYA River bend Facility Department: OYA Facilities
 Project or Task: Waste Water Management Host Agency: OYA
 Equipment and Tool list: NA
 Job Description: Waste Water Technician Intern

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"/> | |
| Description | Uneven surfaces/ Ungroomed surfaces/ Falling hazards, (ladders) wet, muddy, or icy surfaces/ Freshly finished surfaces and slick roof tops | | | | | | | Leather or Rubber boots, be aware of surroundings, use proper roofing safety equipment |
| ENTRAPMENT | <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. |
| 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/ Finishing/ Cleaning | | | | | | | Ensure proper ventilation wear breathing mask if using vapor emitting products, awareness of MSDS sheets for 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 sheet for all products |
| 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 | Before doing any digging, underground or overhead work check for electrical lines | | | | | | | No digging until a PUD check is confirmed |
| 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 | Gas, deisel, cleaning chemicals/ caustic solutions. | | | | | | | Rubber gloves, dust masks goggles, proper training and knowledge (MSDS) sheets for each product |
| WORKING SURFACE | <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"/> | |
| Description | Wet, muddy, icy surfaces and slick roof tops. | | | | | | | Be aware of surroundings and wear proper footwear. |
| TOOL MAINTENANCE | <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. | | | | | | | Ensure all tools and power equipment are in good working order. Ensure that equipment is de-energized when working on or changing blades etc. |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Description | | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Description | | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Description | | | | | | | | |



OFFENDER JOB HAZARD ANALYSIS

State of Oregon
OREGON YOUTH AUTHORITY

| | | | | | | | | |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|
| | <input type="checkbox"/> | _____ |
| Description | | | | | | | | |
| | <input type="checkbox"/> | _____ |
| Notes: | | | | | | | | |

Staff signature (staff who completed form)

Date signed