



OFFENDER JOB HAZARD ANALYSIS

Analysis Conducted by: Rod Buck Date: 2012
 Project Location: OYA Facilities Department: OYA Facilities
 Project or Task: Various Welding Projects Host Agency: OYA
 Equipment and Tool list: NA
 Job Description: Welder's Assistant

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 surfaces/ Freshly finished surfaces and slick roof tops.							Leather or Rubber boots, be aware of surroundings, use proper safety equipment
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"/>	
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. Keep shop floor free of debris
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	Some equipment is electrical							Maintain cords and follow safety procedure for tool
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	Working surfaces are to be free of debris							Be aware of surroundings and keep floors free of slippery substances
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								
DISTRIBUTION: File with YA #011 (Offender Work Project Application)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YA 4013 REV 10/10
POLICY REF: IIE-7.0	<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