



# OFFENDER JOB HAZARD ANALYSIS

Analysis Conducted by: Rod Buck Date: 2012  
 Project Location: OYA Facilities Department: OYA Facilities  
 Project or Task: Making and serving coffee Host Agency: OYA  
 Equipment and Tool list: NA  
 Job Description: Coffe Cart 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
<b>FALL/TRIP/SLIP</b> Description Wet floors / Spills / Uneven floors / Mats / Carts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wet floor signs for spills. Non - Slip shoes. Keep carts out of walkways. Make sure mats not curled on edges and are laying flat					
<b>ENTRAPMENT</b> Description Minimum chance of entrapment behind appliances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Make certain you have ample work space when cleaning or maintaining equipment					
<b>NOISE</b> Description NA	<input type="checkbox"/>							
<b>DUST/VAPOR/FUMES</b> Description Chemical odor	<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
<b>ABSORPTION</b> Description Working with cleaning chemicals	<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
<b>ELECTRICAL</b> Description Working with appliances	<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
<b>CHEMICAL</b> Description Cleaning chemicals / Bleach / Floor cleaner / Grease cutter	<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 training and knowledge (MSDS) before use
<b>WORKING SURFACE</b> Description Wet - uneven floor / Coffee prep surfaces	<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
<b>Burns</b> Description Steamers / Boiling water / Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gloves, Aprons, proper handling techniques				



# OFFENDER JOB HAZARD ANALYSIS

State of Oregon  
OREGON YOUTH AUTHORITY

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

Staff signature (staff who completed form)

Date signed