



OFFENDER JOB HAZARD ANALYSIS

Analysis Conducted by: Rod Buck Date: 2012
 Project Location: OYA Facilities Department: OYA Facilities
 Project or Task: Electrical Maintenance/Projects Host Agency: OYA
 Equipment and Tool list: NA
 Job Description: Electrician'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 roofing safety equipment
ENTRAPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Description	Working in mechanical pits and man lifts							Make certain you have ample work space. Secondary air supply, second person observing, safety harness/belt.
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	Electrical jobs require turning power off							Follow all guidelines from Electrician at all times.
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	Should always have 3 feet of clearance on all electrical jobs							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 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								



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State of Oregon
OREGON YOUTH AUTHORITY

Description

Description

Notes:

Staff signature (staff who completed form)

Date signed