



# OFFENDER JOB HAZARD ANALYSIS

Analysis Conducted by: Rod Buck Date: 2012  
 Project Location: OYA Facilities Department: OYA Facilities  
 Project or Task: Assist Plumber Host Agency: OYA  
 Equipment and Tool list: NA  
 Job Description: Plumbers 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
<b>FALL/TRIP/SLIP</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Boots, gloves, be aware of surroundings, proper use of ladders (don't stand on top step)
Description	Uneven walking surfaces / Uneven grounds / Ladder Usage							
<b>ENTRAPMENT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Description	No entrapment issues							
<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"/>	Wear ear plugs / Hearing Protection
Description	Power tools							
<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"/>	Always use in well ventilated area. Wear goggles and or safety glasses, face shield to protect face and eyes. Be aware of MSDS sheets on proper use of product. Wear breathing mask if using vapor emitting products.
Description	Gasoline / Painting / Welding							
<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"/>	Wear gloves, eye protection, ensure proper training and knowledge (MSDS) before use. Wear gloves and long sleeve shirt, long pants to cover the skin
Description	Cleaning chemicals / Caustic solutions for prep - removal							
<b>ELECTRICAL</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Description	No electrical work							
<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"/>	Wear gloves, breathing mask, goggles, long shirt and pants, use in well ventilated areas, proper training and knowledge of MSDS sheets before use
Description	Caustic cleaning solutions / Cleaning chemicals							
<b>WORKING SURFACE</b>	<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"/>	Proper footwear, make sure area is clear of foreign objects, train on specific safe operating procedures for equipment
Description	Slippery conditions (ice, leaves) various and uneven surfaces							



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

Staff signature (staff who completed form)

Date signed