



OFFENDER JOB HAZARD ANALYSIS

State of Oregon
OREGON YOUTH AUTHORITY

Analysis Conducted by: Rod Buck Date: 2012
 Project Location: OYA Facilities Department: OYA Facilities
 Project or Task: Warehouse Tasks Host Agency: OYA
 Equipment and Tool list: NA
 Job Description: Warehouse 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Description	Uneven walking surfaces / Uneven grounds / Ladder usage							Boots, gloves, be aware of surroundings, proper use of ladders (don't stand on top step)
ENTRAPMENT	<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							
NOISE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Description	Power tools							Wear ear plugs/ 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	Gasoline / Painting							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.
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 - removal							Wear gloves, eye protection, ensure proper training and knowledge (MSDS) before use. Wear gloves and long sleeve shirt, long pants to cover the skin
ELECTRICAL	<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							
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	Caustic cleaning solutions / Cleaning chemicals							Wear gloves, breathing mask, goggles, long shirt and pants, use in well ventilated areas, proper training and knowledge of MSDS sheets before use
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	Slippery conditions (ice, leaves) various and uneven surfaces							Proper footwear, make sure area is clear of foreign objects, train on specific safe operating procedures for equipment



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LIFTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Use proper lifting techniques</u>
Description	Heavy lifting and some stacking							
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	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Notes:								

Staff signature (staff who completed form)

Date signed