DO Job Risk Assessment

Name(s) of Risk Team Members: D. Ports, S. Alexander, P. Yerry, D. Farnam	**Point Value → Parameter ↓**	1	2	3	4	5
Job Title: Office Work **Job Number or Job Identifier: DO JRA – Daily Work Activities**	**Frequency (B)**	≤once/year	≤once/month	≤once/week	≤once/shift	>once/shift
Job Description: Daily General office work such as computer work, operating office machines, filing, attending meetings	**Severity (C)**	**First Aid Only**	**Medical Treatment**	**Lost Time**	**Partial Disability**	**Death or Permanent Disability**
Training and Procedure List (Optional):	**Likelihood (D)**	**Very Unlikely**	**Unlikely**	**Possible**	**Probable**	**Multiple**
Approved by: D. Ports *D Ports* Date: 10/31/06						
Stressors: Stressors that were quantified in the ratings below include: Work patterns that may include long hours, deadlines, high volume of work; Work environment where lighting and ventilation may impact work quality and comfort.	**Reason for Revision (if applicable):**				**Comments:**	

			Before Additional Controls							After Additional Controls						
Job Step / Task	**Hazard**	**Control(s)**	**Stressors Y/N**	**# of People A**	**Frequency B**	**Severity C**	**Likelihood D**	**Risk* AxBxCxD**	**Control(s) Added to Reduce Risk**	**Stressors Y/N**	**# of People A**	**Frequency B**	**Severity C**	**Likelihood D**	**Risk* AxBxCxD**	**% Risk Reduction**
Computer work (typing/mouse)	Repetitive motion injuries	Ergonomic reviews of the work design by SME as needed, adjustable chairs, ergonomically designed keyboards and mouse, alternating tasks, work breaks, keyboard and mouse wrist cushions	N	1	5	4	2	40								
	Eye Strain	Proper lighting, anti-glare screens; ergonomic reviews of the work station design by SME as needed; adjustable chairs; alternating tasks and work breaks	N	1	5	2	2	20								
	Neck or Back Strain	Ergonomic reviews of the work station, adjustable chairs, work breaks, speaker phones, head sets, cushions as appropriate	N	1	5	3	2	30								

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Manual office tasks and operation of office equipment.	Neck or back strain/injuries from lifting, pushing, pulling, holding, carrying	Ergonomic reviews of the work station, phone attachment neck rest, speaker phones, adjustable chairs, work breaks	N	1	5	3	3	45								
	Cuts and abrasions, punctures,	Ergonomic reviews of the work station, adjustable chairs, work breaks,	N	1	5	2	3	30								
	Moving around equipment-Falls on same level, falls form step stools, slip and trips	Slip resistant shoes, housekeeping, maintenance of walking/working surfaces	N	1	5	3	3	45								
	Electrical hazard-shock	Proper grounding of equipment, limited use or extension cords; NTRL equipment, Tier 1 inspections	N	1	5	2	1	10								
Walking	Falls to same or lower level	Proper footwear, sufficient lighting, grounds/floor maintenance, housekeeping, application of ice melt	N	1	4	3	3	36								
Using stairs	Falls to lower level	Sufficient lighting, floor maintenance, proper footwear, non-slip treads, hand rails, housekeeping	N	1	5	3	3	45								

*Risk	0 to 20	21 to 40	41 to 60	61 to 80	81 or greater
	Negligible	Acceptable	Moderate	Substantial	Intolerable