



# CITY OF OCEANSIDE VOLUNTEER JOB RISK ASSESSMENT

**(To Be Completed By Departments)**

VOLUNTEER JOB/TASK: _____	DEPT: _____
WORK LOCATION: _____	ASSESSMENT DATE: _____
DRIVER'S LICENSE REQUIRED?   YES <input type="checkbox"/> NO <input type="checkbox"/> ABILITY TO LIFT 25 LBS. REPEATEDLY?   YES <input type="checkbox"/> NO <input type="checkbox"/> MINIMUM AGE (SPECIFY) _____	

CHECK LEFT COLUMN TO SHOW POTENTIAL HAZARDS OF THIS VOLUNTEER POSITION (see reverse side for more information)

	<i>OUTDOOR HAZARD SOURCE</i>	<i>PERSONAL PROTECTIVE EQUIPMENT REQUIRED</i>	<i>NECESSARY TRAINING</i>
	<b>BITES:</b> SNAKES, DOGS, INSECTS	PROTECTIVE CLOTHING, FOOTWEAR, GLOVES	HAZARD SPECIFIC TRAINING
	<b>HEAT STRESS:</b> SUNSTROKE, EXHAUSTION OR DEHYDRATION	VENTILATION, HEAT RESISTANT CLOTHING, WATER TO REPLENISH LOST FLUIDS	RECOGNITION OF HEAT STRESS SIGNS
	<b>SUN EXPOSURE:</b> SKIN CANCER OR VISION DAMAGE	SUNSCREEN, BRIMMED HAT, ULTRAVIOLET EYE PROTECTION, AND PROTECTIVE CLOTHING	SUN HAZARDS AWARENESS
	<b>DRIVING:</b> INJURY TO VEHICLE OCCUPANTS FROM COLLISION	SEAT BELTS	DEFENSIVE DRIVING
	<b>TRAFFIC:</b> INJURY TO ROADWAY WORKERS FROM MOTOR VEHICLE TRAFFIC	PROPER FOOTWEAR, HARD HAT OR EYE PROTECTION, ORANGE SAFETY VEST, TRAFFIC CONES, SIGNS AND FLARES	TRAFFIC CONTROL
	<i>INDOOR HAZARD SOURCE</i>	<i>PERSONAL PROTECTIVE EQUIPMENT REQUIRED</i>	<i>NECESSARY TRAINING</i>
	<b>OFFICE EQUIPMENT:</b> PAPER CUTTERS, SCREDDERS, FILE CABINETS, COMPUTER SCREENS OR KEYBOARDS	PROPER FOOTWEAR AND CLOTHING FOR OFFICE	SAFE OPERATIONS SPECIFIC TO EQUIPMENT, REPETITIVE INJURY PREVENTION
	<i>IN OR OUTDOOR HAZARD SOURCE</i>	<i>PERSONAL PROTECTIVE EQUIPMENT REQUIRED</i>	<i>NECESSARY TRAINING</i>
	<b>HAND TOOLS:</b> POWERED OR UNPOWERED	PROPER FOOTWEAR, CLOTHING AND EYE PROTECTION	SAFE HAND TOOL USE, REPETITIVE INJURY PREVENTION
	<b>FOOTING TRACTION:</b> SLIPPERY, UNEVEN OR UNSTABLE WALKING SURFACES/TERRAIN	PROPER FOOTWEAR	SLIPS AND FALLS PREVENTION
	<b>LADDERS:</b> FREE STANDING OR FIXED	PROPER FOOTWEAR, SAFETY TIE OFFS, BRACING	LADDER SAFETY
	<b>BODY POSITION/LEVERAGE:</b> STRENUOUS OR REPETITIVE LIFTING, CARRYING OR PULLING	BACK BRACE, LIFTING AND CARRYING AIDS SUCH AS HANDTRUCKS, DOLLYS OR SLINGS	SAFE LIFTING AND CARRYING, BACK SAFETY AWARENESS
	<i>SAFETY REGULATED HAZARD SOURCE</i>	<i>PERSONAL PROTECTIVE EQUIPMENT REQUIRED</i>	<i>NECESSARY TRAINING</i>
	<b>CHEMICALS:</b> GASES, VAPORS OR LIQUIDS, WHICH WHEN INHALED, INGESTED OR TOUCHED CAN CAUSE INJURY OR ILLNESS	PROTECTIVE CLOTHING, GLOVES, GLASSES/GOGGLES, IF INDICATED, APPROPRIATE AIR-PURIFYING RESPIRATOR	MATERIAL SAFETY DATA SHEET (MSDS), FIRE EXTINGUISHER, CHEMICAL SPECIFIC HANDLING, HAZARDOUS MATERIALS TRAINING
	<b>BIOWASTE:</b> BODILY FLUIDS	GLOVES, FACE AND EYE PROTECTION	BLOOD BORNE PATHOGEN TRAINING

Over for directions

**VOLUNTEER JOB/TASK:**

Fill in the title of the volunteer position you are assessing.

**DEPARTMENT:**

Fill in your Department name.

**WORK LOCATION:**

Fill in the work location.

**ASSESSMENT COMPLETION DATE:**

Fill in the date on which this form was completed.

**SPECIAL REQUIREMENTS:**

**Driver License:** If driving a personal auto or a city vehicle on the job, check **yes**. The volunteer's supervisor is to obtain a copy of the volunteer's valid driver license, current vehicle registration, and current proof of liability insurance. In Addition, volunteers will be required to provide a current DMV driving record printout. These copies are to be forwarded to the Human Resources Department immediately. Volunteers will be included in the City DMV Pull Notice Program. Through this program, the City will receive an annual print out of the volunteer's driver license status. Additionally, the City will be notified of any activity regarding the volunteer's driving record.

If a volunteer's driver license has been revoked or suspended, or if there is activity that warrants concern, the volunteer's supervisor and the volunteer will be notified immediately by the Human Resources Department that the volunteer is no longer able to drive in the course of volunteering.

If no driving is required, check **no**.

**Lifting:** If this position requires the ability to lift 25 lbs. repeatedly, check **yes** and have the volunteer provide medical documentation, from his/her own physician, that he/she can safely meet this requirement. If there is no lifting requirement for the position, check **no**.

**Minimum Age:** If this position has a minimum age write that age in the space provided. **Note:** Participants under age **18** require parental permission. Participants **18 and over** can volunteer under their own signatures.

**HAZARD CHECKLIST:**

Keeping in mind the various demands and situations encountered by someone doing this job, look at each **Hazard Source** listed on the front of this form and decide if it ever applies. Would the applicant ever encounter this hazard in his/her volunteer assignment? If so, check the box to the left of that hazard and ensure that the required personal protective equipment and training are provided to the volunteer. No one should be exposed to these work hazards without the proper personal protective equipment and training.