|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Job Task Assessment Form** | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
| ***Outline* Job Assignments and Processes** | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 1. | ***List* the job title**(s) performing this operation | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 2. | ***Describe* the function** activity, or situation | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 3. | ***List* the location** of the operation | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 4. | ***Mark* energy sources** within the operation: | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | Pneumatic | Hydraulic | Mechanical | Gravity | Water Under Pressure | Electric | Thermal | Chemical |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 5. | ***List* all apparent hazards.** (Mark *or fill in the blank*.) | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | a) | Sources of motion | | Flying Chips | Sparks | Belt | Motor | Gears | Springs |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Other Moving Part(s) | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | b) | Routes of Exposure | | Inhalation | Absorption | Injection | Ingestion | |  |  |
|  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | c) | Engineering Control(s) | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | d) | Administrative Controls(s) | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | e) | Impact Potentials (Hitting) | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | f) | Penetration Potentials (Striking or Piercing) | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | g) | Compression Potentials (Squeezing, Pinching, or Rollover) | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | h) | Chemicals (*List*) | | | | | | | |  |
|  |  | **** | Solid(s) | | | | | | |  |
|  |  | **** | Liquid(s) | | | | | | |  |
|  |  | **** | Gas(s) | | | | | | |  |
|  |  | **** | Radiological Exposure | | | | | | |  |
|  |  | **** | By-Product(s) | | | | | | |  |
|  |  | **** | Explosion Potential(s) | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | i) | Thermal Concerns (*Explain*) | | | | | | | |  |
|  |  | **** | Burns | | | | | | |  |
|  |  | **** | Ignition Sources | | | | | | |  |
|  |  | **** | Chemical Reactions | | | | | | |  |
|  |  | **** | Heat Exhaustion | | | | | | |  |
|  |  | **** | Other | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | j) | Light (Optical) Radiation Sources and Levels (*List*) | | | | | | | |  |
|  |  | **** | Welding | | | | | | |  |
|  |  | **** | Cutting | | | | | | |  |
|  |  | **** | Furnaces | | | | | | |  |
|  |  | **** | Heat Treating | | | | | | |  |
|  |  | **** | High Intensity Lights | | | | | | |  |
|  |  | **** | Chemical Reactions | | | | | | |  |
|  |  | **** | Other | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | k) | Noise Levels or Suspected Noise Levels (dB level: slow response A scale) (*List*) | | | | | | | |  |
|  |  | **** | Impact Noise | | | | | | |  |
|  |  | **** | Ambient Noise | | | | | | |  |
|  |  | **** | Non-Routine Tasks | | | | | | |  |
|  |  | **** | Sound Waves | | | | | | |  |
|  |  | **** | Other | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | l) | Potential Respiratory Materials (*List*) | | | | | | | |  |
|  |  | **** | Gas(s) | | | | | | |  |
|  |  | **** | Particulate Matter | | | | | | |  |
|  |  | **** | By-Product(s) | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | m) | Electrical (*List Voltages*) | | | | | | | |  |
|  |  | **** | Guarded | | | | | | |  |
|  |  | **** | Unguarded | | | | | | |  |
|  |  | **** | Non-Routine Tasks | | | | | | |  |
|  |  | **** | Overhead Line | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | m) | Biological |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | o) | Ergonomic (Mark) | | | | | | | |  |
|  |  | **** | Repetitive Motion Lifting | | |  | lbs. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | Fingers | Wrist | Elbow | Shoulder | Ankle | Knee | Hip |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | Other | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | **** | No Motion |  |  |  |  |  |  |  |
|  |  |  | Sitting | Standing | Time Frames- | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | Eye Strain? | |  | Yes |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | p) | Food Safety |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | q) | Other- |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 6. | Injury and Accident Data Used in Assessment (*Outline*) | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |
| 7. | PPE Selected (Mark). Maintain any data used to support the decision. | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | Safety Glasses | | Goggles | | Face Shield | | Safety Shoes | |  |
|  |  |  | |  | |  | |  | |  |
|  |  | Ear Muffs | | Ear Plugs | | Apron | | Protective Suit | |  |
|  |  |  | |  | |  | |  | |  |
|  |  | Respirator-Air Supplied | | Respirator-Cartridge | | Respirator-Dust | | Leather Gloves | |  |
|  |  |  | |  | |  | |  | |  |
|  |  | Chemical Gloves | | Bloodborne Gloves | | Other Gloves | | Hard Hat | |  |
|  |  |  | |  | |  | |  | |  |
|  |  | Bump Cap | | Special Electrical Equipment | | | | | |  |
|  |  |  | |  | | | | | |  |
|  |  | Other | | | | | | | |  |
|  |  |  | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 8. | Training Required: Production Equipment, Material Handling, Company Policy, and Injury Reports | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | **** | 29 CFR | | | | | | |  |
|  |  | **** | 49 CFR | | | | | | |  |
|  |  | **** | 40 CFR | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 9. | Recommended Training To Reduce Risk | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
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| **Certification** | | | | | | | | | |  |
|  | Name |  |  |  |  |  | Date |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Name |  |  |  |  |  | Date |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
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