|  |  |
| --- | --- |
| **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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