



100 Glenn Bass Road
 LaGrange, Georgia 30240
 706-845-3075 Tel

Position Title:

Location:

Supervisor/Company:

INSTRUCTIONS: **COMPANY ORIGINATOR**
 Sections 1 through 4 below are to be completed by supervisor with assistance of Human Resource and Safety Managers. Sign, date and forward a copy to West Georgia Worx for reference.

SECTION 1: WORK ENVIRONMENT

<input type="checkbox"/> Inside work _____ %	<input type="checkbox"/> Rotating shifts	<input type="checkbox"/> Wet / Damp walking or working surface
<input type="checkbox"/> Outside work _____ %	<input type="checkbox"/> 12 Hour shifts	<input type="checkbox"/> High Places / Platforms / Scaffolds
<input type="checkbox"/> Frequent temp. change	<input type="checkbox"/> Irregular hours: Specify _____	<input type="checkbox"/> Confined / Cramped spaces
<input type="checkbox"/> High humidity (80%+)	<input type="checkbox"/> Frequent overtime: Specify _____	<input type="checkbox"/> Frequent domestic travel _____% average month
<input type="checkbox"/> Noise (85dB+)	<input type="checkbox"/> Electrical hazards	<input type="checkbox"/> Frequent foreign travel _____% average month
<input type="checkbox"/> Vibration	<input type="checkbox"/> Moving Machine / Equipment	<input type="checkbox"/> Overseas location / transfer, where? _____
<input type="checkbox"/> Radiation: Type _____	<input type="checkbox"/> Vehicle operation: _____	<input type="checkbox"/> Hostile / remote environment
<input type="checkbox"/> Chemicals (of note) list: _____	Type _____	<input type="checkbox"/> Work alone
_____	_____	<input type="checkbox"/> Other (list) _____
_____	_____	_____

SECTION 2: PROTECTIVE EQUIPMENT REQUIRED

<input type="checkbox"/> Respirator	<input type="checkbox"/> Neg. pressure	<input type="checkbox"/> SCBA/SCOTT	<input type="checkbox"/> Air line	<input type="checkbox"/> Helmet / Hard hat
<input type="checkbox"/> Eye / face protection:	<input type="checkbox"/> Glasses	<input type="checkbox"/> Goggles	<input type="checkbox"/> Face shield	<input type="checkbox"/> Impervious Clothes: <input type="checkbox"/> Chemical Suite <input type="checkbox"/> Water Resistant
<input type="checkbox"/> Hearing protection	<input type="checkbox"/> Plugs	<input type="checkbox"/> Muffs	<input type="checkbox"/> Fire retardant clothing (e.g. Nomex)	Other (list): _____
<input type="checkbox"/> Safety shoes	_____			

SECTION 3: PHYSICAL / MENTAL CAPACITIES REQUIRED

<input type="checkbox"/> Good correctible visual acuity:	<input type="checkbox"/> Near	<input type="checkbox"/> Far	<input type="checkbox"/> Both eyes	<input type="checkbox"/> D.O.T. examination
<input type="checkbox"/> Good visual perception:	<input type="checkbox"/> Color	<input type="checkbox"/> Depth	<input type="checkbox"/> Fields	<input type="checkbox"/> Pilot examination
<input type="checkbox"/> Good hearing	<input type="checkbox"/> Without aids	<input type="checkbox"/> One ear	<input type="checkbox"/> Both ears	<input type="checkbox"/> No identifiable risk of incapacity that may occur suddenly without warning
<input type="checkbox"/> Speech intelligible				<input type="checkbox"/> Other (list): _____
<input type="checkbox"/> Smell: Sense intact	_____			
<input type="checkbox"/> Good use of:	<input type="checkbox"/> Both hands	<input type="checkbox"/> One hand	<input type="checkbox"/> One foot	_____
<input type="checkbox"/> Balance/coordination intact	_____			

In an average shift, Indicate what this position requires	Rare 1-5% of shift (lbs.)	Occasionally 6-33% of shift (lbs.)	Frequently 34-66% of shift (lbs.)	Continuously 67-100% of shift (lbs.)
Lift floor to waist	lbs	lbs	lbs	lbs
Lift waist to overhead	lbs	lbs	lbs	lbs
Horizontal lift	lbs	lbs	lbs	lbs
Push (maximum force)	lbs	lbs	lbs	lbs
Pull (maximum force)	lbs	lbs	lbs	lbs
Right carry	lbs	lbs	lbs	lbs
Left carry	lbs	lbs	lbs	lbs
Front carry	lbs	lbs	lbs	lbs
Essential Physical Elements of Job Title	Place an "X" where appropriate	Place an "X" where appropriate	Place an "X" where appropriate	Place an "X" where appropriate
Bend/Stoop/Crouch				
Balance				
Twist Upper Body/Trunk				
Reach Above Shoulder Level				
Squat/Kneel/Crawl				
Repeated Hand Use: Gross Grasp (indicate R/L/B)				
Repeated Hand Use: Pinch Grasp (indicate R/L/B)				
May Flex/Extend/Rotate Neck				
Time Required to SIT				
Time Required to STAND				
Time Required to WALK				

Completed by: _____ Title: _____ Date: _____