

**CASE WESTERN RESERVE UNIVERSITY
New Employee Job Exposures**

This checklist is designed to aid you in determining the exposures of the job.

JOB HAZARDS (MANDATORY Safety Training Required):
 Yes No **Are employees directly exposed to the following hazards in the work environment?**
If yes is checked, register with Safety at 368-2907.

<input type="checkbox"/> Chemicals	<input type="checkbox"/> Select Agents	<input type="checkbox"/> Repetitive Motion
<input type="checkbox"/> Regulated Chemicals	<input type="checkbox"/> Restricted Access	<input type="checkbox"/> Radioactive Materials
<input type="checkbox"/> Bloodborne Pathogens	<input type="checkbox"/> Laser	<input type="checkbox"/> Fumes, dust, others
<input type="checkbox"/> X-Ray	<input type="checkbox"/> UV Light	<input type="checkbox"/> Animals
<input type="checkbox"/> Excessive noise	<input type="checkbox"/> Infectious Agent	<input type="checkbox"/> Confined Space Entry
<input type="checkbox"/> Pesticides or herbicides	<input type="checkbox"/> Around moving machinery	<input type="checkbox"/> FBI Check/ Fingerprinting
<input type="checkbox"/> Baseline evaluation of hearing required	<input type="checkbox"/> Commercial Products (Oil, Cleaning Solvents)	
<input type="checkbox"/> Baseline evaluation of vision required	<input type="checkbox"/> Powered Industrial Vehicle (Fork/ Reach/ Bucket Lift)	
<input type="checkbox"/> Other _____		

JOB TASKS:
 Yes No **Will employees have the following tasks?**

<input type="checkbox"/> Physical Exertion	<input type="checkbox"/> Security Tasks (Campus Patrol)
<input type="checkbox"/> Lifting (Up to _____ lbs.)	<input type="checkbox"/> Plant Tasks (Facility Maintenance)
<input type="checkbox"/> Grounds Tasks (Lawn Maintenance)	<input type="checkbox"/> Custodial Tasks (Building/ Waste Maintenance)
<input type="checkbox"/> DOT Shipping/ Receiving of Hazardous, Biological, or Infectious Materials	
<input type="checkbox"/> Other _____	

Yes No **Responsible for individuals under the age of 18 years?**
 Explain _____

PERSONAL PROTECTIVE EQUIPMENT REQUIRED:
 Yes No **Will the employee need the following equipment?**

<input type="checkbox"/> Protective Eyewear	<input type="checkbox"/> Laboratory Coat	<input type="checkbox"/> Appropriate Gloves
<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Respiratory Protection	<input type="checkbox"/> Safety Shoes
<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Other _____	

ERGONOMIC CONCERNS:
 Yes No **Will the employee perform the following activity?**

<input type="checkbox"/> Balance	<input type="checkbox"/> Bend/ Stoop	<input type="checkbox"/> Climb stairs
<input type="checkbox"/> Crawl / Kneel	<input type="checkbox"/> Crouch / Squat	<input type="checkbox"/> Climb ladders
<input type="checkbox"/> Keyboard/ Type	<input type="checkbox"/> Push/ Pull	<input type="checkbox"/> Reach
<input type="checkbox"/> Use Computer mouse	<input type="checkbox"/> Repetitive motion	<input type="checkbox"/> Reach above shoulder
Explain: _____		

TRAVEL REQUIREMENTS:
 Yes No **Will the employee be required to drive while on the job?**

Will employee operate University vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ohio Driver's License Valid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commercial Driver's License Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* Chauffeur Driver's License Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Yes No **Will employee transport hazardous materials?**
 (Chemicals, Contaminated Equipment, Lead, PCB, Paints)
 Other _____

Yes No **Will employee transport biohazardous materials?**
 (Clinical samples, Human blood or tissue, Animals, Contaminated equipment)
 Other _____

Yes No **Will employee transport universal waste?**
 (Ballasts, Batteries, Computers, Flourescent Bulbs, Insecticides, Mercury Products)
 Other _____

Revised 9/19/2008

Name _____ Social Security Number _____ Email _____ Date _____
 Supervisor _____ Department _____ Location _____ Job Title _____