

### JOB CONTENT WORKSHEET

This JCW is to be completed electronically, including signatures.

<b>Type of work performed</b> (check one):	<input type="checkbox"/> Field Work	<input type="checkbox"/> Non-Field/Oversight	<input type="checkbox"/> Administrative
<b>Employment Status</b> (check one):	<input type="checkbox"/> Current	<input type="checkbox"/> New Hire	Enter HR Requisition #: _____
<b>Employee Name</b> (optional unless form will be for a specific employee):	<b>Badge #</b>		
<b>Job Title:</b>	<b>Manager/Supervisor:</b>		

#### ESSENTIAL FUNCTIONS - Refer to position description

Does this job **REQUIRE** routine or occasional performance of the following?

MOTOR FUNCTION	Yes	No	SENSORY CAPABILITIES	Yes	No
Sitting			Ability to Make One's General Intent Understood		
Standing			Ability to Detect Chemical Odors		
Ability to quickly evacuate work location (other than process buildings)			Ability to Maintain Balance		
Ability to quickly evacuate process building			Understand Basic Verbal Instructions		
Walking on Uneven Surfaces			Understand Basic Written Instructions		
Ascending and Descending Stairs			Attention Span/Concentration		
Climbing Ladders			Read and Comprehend		
Bending			Prepare Written Communication		
Stooping/Squatting			Vision (i.e., near, distant, depth, color)		
Twisting			Non-Destructive Testing Inspection		
Kneeling/Crouching			<b>Hearing Acuity</b>		
Crawling			Hearing Discrimination (Differentiate Similar Sounds)		
			Understanding Spoken Instructions		
<b>Shoulders/Arms</b>			Ability to Hear Radio/Speakers/Phone		
Reach Above Shoulder Level			Ability to Hear Communications/Alarms in Presence of Background Noise		
Reach Below Waist Level			<b>TOOLS/EQUIPMENT UTILIZED</b>		
<b>Wrist/Hand Movements</b>			Computer & Keyboard/Office Work		
Repeated Rotation of Wrist			Mechanical Equipment/Jackhammer/Floor Scrubber		
Manual Dexterity			Hand Held Power Tools (drills, etc.)		
Light hand grip			Motor Vehicle Operation		
Forceful hand grip			DOT/CDL Driver		
Fine Finger Movements			Crane Operation		
Eye-Hand Coordination			Other Heavy Equipment		
Steadiness (Lack of Tremor)			Other, specify:		
Repetitive Hand/Wrist Motion			<b>USE OF PERSONAL PROTECTIVE EQUIPMENT</b>		
<b>Overall Exertion Levels (lift, push, pull, carry)</b>			Negative Pressure Respirator		
Pushing/Pulling With Arm(s)			Supplied Air		
Pushing/Pulling (with body)			Powered Air Purifying Respirator		
Light (Lift ≤ 20 lb. or frequent lift/carry <10 lb.)			Self-Contained Breathing Apparatus (SCBA)		
Moderate (Lift ≤ 50 lb. or frequent lift/carry < 25 lb.)			Partial Covering (e.g., gloves, apron)		
Heavy (Frequent lift/carry < 50 lb.)			Full Body Covering (e.g., "anti-c coveralls")		
Very Heavy (Lift > 100 lb. or frequent lift/carry > 50 lb.)	RESERVED		Impermeable Coverall (e.g., Tyvek/Tychem)		
Sustained Physical Work > 2 hours			Eye Protection		
Shift Work			Hearing Protection (Exposure >85dBA 8-TWA)		
			Other, specify:		
<b>OTHER</b>					
<b>Fire Services - NFPA 1582, Comprehensive Occupational Medical Program for Fire Departments</b>			<b>Protective Forces – 10 CFR 1046, Medical, Physical Readiness, Training, and Access Authorization Standards for Protective Force Personnel</b>		



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Does this job **REQUIRE** routine or occasional performance of the following?

<b>Job Title:</b>	
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POTENTIAL WORK EXPOSURES (To be completed by IH/OSH :)			Yes	No
Temperature Extremes	Workers who are routinely exposed to temperature extremes or who wear full-body personal protective equipment			
Direct Sunlight	Routine work in outdoor conditions			
Noise	Exposure >85dBA 8-TWA			
Bloodborne Pathogens	Occupational exposure to blood or body fluids visibly contaminated with blood			
Ionizing Radiation				
Non-Ionizing Radiation				
Beryllium	RESERVED		RESERVED	
Asbestos	Exposure >Permissible Exposure Limit without regard to respirator use			
Crystalline Silica	Use of respiratory protection for silica exposure ≥ 30 days per year			
Class 3b or 4 laser				
Inorganic Lead	> 30µg/m <sup>3</sup> as 8-TWA > 30 days/year without regard to respirator use	<input type="checkbox"/> Inhalation <input type="checkbox"/> Skin		
Inorganic Arsenic	>5 µg/m <sup>3</sup> as 8-TWA ≥ 30 days/year without regard to respirator use	<input type="checkbox"/> Inhalation <input type="checkbox"/> Skin		
Hydrogen Fluoride/Hydrofluoric Acid		<input type="checkbox"/> Inhalation <input type="checkbox"/> Skin		
HAZWOPER/HAZMAT/ TSDF Worker	Designated as a HAZWOPER/ HAZMAT/ TSD worker	<input type="checkbox"/> Inhalation <input type="checkbox"/> Skin		
Chromium (VI)	≥2.5 µg/m <sup>3</sup> 8-twa ≥30 days a year without regard to respirator use	<input type="checkbox"/> Inhalation <input type="checkbox"/> Skin		
Other Dusts/Fumes/Gases/Vapors	Specify:	<input type="checkbox"/> Inhalation <input type="checkbox"/> Skin		

Supervisor's Signature/Date:

IH/OSH Signature/Date:

Forward completed form to [fbphealthservices@adena.org](mailto:fbphealthservices@adena.org) prior to scheduled physical.

**To be completed by Candidate:** \*My signature below indicates that I have reviewed the job functions, potential hazards, and exposures for this position.

**Beryllium Associated Worker**

☐ Yes – I am requesting Beryllium Associated Worker Information  
☐ No – Not at this time

**Candidate** check box to the left if you believe you are a beryllium associated worker and wish to receive more information from the medical provider about screening and enrollment in the DOE Beryllium Associated Worker Registry. A Beryllium Associated Worker is a current worker who is or was exposed or potentially exposed to airborne concentrations of beryllium at a DOE facility, including:

- A beryllium worker
- A current worker whose work history shows the worker may have been exposed to airborne concentrations of beryllium at a DOE facility
- A current worker who exhibits signs or symptoms of beryllium exposure
- A current worker who is receiving medical removal protection benefits

**Other candidate comments:**

\*Candidate Signature/Date:

Physician Signature/Date: