

PRE-EMPLOYMENT HEALTH & SAFETY CHECKLIST

Job Title:	Date:
Department:	Supervisor's Phone #:
Supervisor's Name:	Supervisor's Signature:

This checklist is intended to determine and document what medical testing is required for an employee (classified by job title) during a post-offer, pre-employment physical. The Supervisor's signature will certify that the information listed below is accurate. **Forward the completed form along with all other hiring documents to the Department of Human Resources. 234 Corbett Hall / Fax #: 581-1615**

Will the employee be required to:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. lift heavy objects? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. repetitively lift objects during a single work shift? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. stand for extended periods of time during their work-shift? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. repetitively perform a specific movement or group of movements during a single work shift? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. frequently reach for items above shoulder height or excessive distances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. frequently use vibrating tools or equipment? | <input type="checkbox"/> | <input type="checkbox"/> |

For each question (#1 - #6) you check "Yes", please describe the task(s) the employee will be required to perform.

Will the employee be:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 7. working with asbestos containing materials? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. required to mix, apply, or use Organophosphate or Carbamate Pesticides? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. working with or exposed to Class 3b or Class 4 Lasers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. performing a task that would require the use of respiratory protection (i.e. dust mask, 1/2 mask, etc...)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. operating a vehicle with the Gross Vehicle Weight Rating (GVWR) in excess of 10,000 lbs? | <input type="checkbox"/> | <input type="checkbox"/> |

Will the employee be or could potentially be exposed to:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 12. loud noises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Mycobacterium Tuberculosis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Rabies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. human blood or other potentially infectious materials? | <input type="checkbox"/> | <input type="checkbox"/> |

For each question (#7- #15) you checked "Yes", please describe the task(s) the employee will be required to perform.

If the "Yes" box is checked for questions #15 - #18, HR should cc this checklist to SEM to determine exposure monitoring.

16. Will the employee be or could potentially be exposed to metal particulates or fumes?

- | | | | | Yes | No |
|--|-----------------------------------|---------------------------------|------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Lead | <input type="checkbox"/> Mercury | <input type="checkbox"/> Tin | <input type="checkbox"/> Copper | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Cadmium | <input type="checkbox"/> Chromium | <input type="checkbox"/> Gold | <input type="checkbox"/> Magnesium | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Inorganic Arsenic | <input type="checkbox"/> Titanium | <input type="checkbox"/> Nickel | <input type="checkbox"/> Manganese | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

17. Will the employee be working with any of the following hazardous materials?

- | | | | | Yes | No |
|---|--|--|---|--------------------------|--------------------------|
| <input type="checkbox"/> 4-Nitrobiphenyl | <input type="checkbox"/> alpha-Naphthylamine | <input type="checkbox"/> 4-Aminodiphenyl | <input type="checkbox"/> bis-Chloromethyl ether | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> methyl chloromethyl ether | <input type="checkbox"/> Ethyleneimine | <input type="checkbox"/> beta-Propiolactone | <input type="checkbox"/> 4-Dimethylaminoazo-benzene | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Benzidine | <input type="checkbox"/> beta-Naphthylamine | <input type="checkbox"/> 2-Acetylaminofluorene | <input type="checkbox"/> N-Nitrosodimethylamine | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 3,3'-Dichlorobenzidine (and its salts) | | | | <input type="checkbox"/> | <input type="checkbox"/> |

18. Will the employee be working with any of the following chemicals?

- | | | | | Yes | No |
|---|---------------------------------------|---|---|--------------------------|--------------------------|
| <input type="checkbox"/> Vinyl Chloride | <input type="checkbox"/> Benzene | <input type="checkbox"/> Acrylonitrile | <input type="checkbox"/> Methylene Chloride | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Ethylene Oxide | <input type="checkbox"/> Formaldehyde | <input type="checkbox"/> Methylenedianiline | <input type="checkbox"/> 1,3-Butadiene | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 1,2-dibromo-3-chloro-propane | | | | <input type="checkbox"/> | <input type="checkbox"/> |

19. Describe any other pre-employment physical concerns you may have?