

## Pre-Employment Health and 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. human blood or other potentially infectious materials? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. other infectious agents or toxins? (list below)        | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. animals? (list below)                                  | <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 forward this checklist to SEM to determine exposure monitoring.*

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

- |  |                                   |                                 |                                      |                          |                          |
|--|-----------------------------------|---------------------------------|--------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Lead              | <input type="checkbox"/> Mercury  | <input type="checkbox"/> Tin    | <input type="checkbox"/> Copper      | Yes                      | No                       |
| <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"/> Silver      |                          |                          |
|  |                                   |                                 | <input type="checkbox"/> Zinc        |                          |                          |
|  |                                   |                                 | <input type="checkbox"/> Other _____ |                          |                          |

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

- |   |  |  |   |                          |                          |
|---|--|--|---|--------------------------|--------------------------|
| <input type="checkbox"/> 4-Nitrobiphenyl                        | <input type="checkbox"/> alpha-Naphthylamine | <input type="checkbox"/> 4-Aminodiphenyl       | <input type="checkbox"/> bis-Chloromethyl ether     | Yes                      | No                       |
| <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"/> 3,3'-Dichlorobenzidine (and its salts) |  |  |   |                          |                          |

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

- |   |                                       |   |   |                          |                          |
|---|---------------------------------------|---|---|--------------------------|--------------------------|
| <input type="checkbox"/> Vinyl Chloride               | <input type="checkbox"/> Benzene      | <input type="checkbox"/> Acrylonitrile      | <input type="checkbox"/> Methylene Chloride | Yes                      | No                       |
| <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 |                                       |   |   |                          |                          |

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