

### JOB CONTENT WORKSHEET & Instructions

<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 Job # _____
<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)		
<b>Shoulders/Arms</b>			Understanding Spoken Instructions		
Reach Above Shoulder Level			Ability to Hear Radio/Speakers/Phone		
Reach Below Waist Level			Ability to Hear Communications/Alarms in Presence of Background Noise		
			TOOLS/EQUIPMENT UTILIZED		
<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.)	<b>RESERVED</b>		Impermeable Coverall (e.g., Tyvek/Tychem)		
Sustained Physical Work > 2 hours			Eye Protection		
Shift Work			Hearing Protection (Exposure >85dBA 8-TWA)		
			Other, specify: _____		

## JOB CONTENT WORKSHEET

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 Contractor IH/OSH Representative:)		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 Class 3b or 4 laser	Use of respiratory protection for silica exposure ≥ 30 days per year		
Inorganic Lead	> 30µg/m <sup>3</sup> as 8-TWA > 30 days/year without regard to respirator use <span style="float: right;"><input type="checkbox"/> Inhalation <input type="checkbox"/> Skin</span>		
Inorganic Arsenic	>5 µg/m <sup>3</sup> as 8-TWA ≥ 30 days/year without regard to respirator use <span style="float: right;"><input type="checkbox"/> Inhalation <input type="checkbox"/> Skin</span>		
Hydrogen Fluoride/Hydrofluoric Acid	<span style="float: right;"><input type="checkbox"/> Inhalation <input type="checkbox"/> Skin</span>		
HAZWOPER/HAZMAT/ TSD Worker	Designated as a HAZWOPER/ HAZMAT/ TSD worker <span style="float: right;"><input type="checkbox"/> Inhalation <input type="checkbox"/> Skin</span>		
Chromium (VI)	≥2.5 µgm/m <sup>3</sup> 8-twa ≥30 days a year without regard to respirator use <span style="float: right;"><input type="checkbox"/> Inhalation <input type="checkbox"/> Skin</span>		
Other Dusts/Fumes/Gases/Vapors	Specify: <span style="float: right;"><input type="checkbox"/> Inhalation <input type="checkbox"/> Skin</span>		

\*My signature below indicates that I have reviewed the job functions, potential hazards and exposures for this position

Supervisor's Printed Name:	Signature:	Date:     /     /
IH/OSH Printed Name:	Signature:	Date:     /     /
*Candidate Printed Name:	Signature:	Date:     /     /

<p><b>Beryllium Associated Worker</b></p> <p><input type="checkbox"/> Yes – I am requesting Beryllium Associated Worker Information</p> <p><input type="checkbox"/> No – Not at this time</p>	<p><b>Candidate</b> 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:</p> <ul style="list-style-type: none"> <li>• A beryllium worker</li> <li>• A current worker whose work history shows that the worker may have been exposed to airborne concentrations of beryllium at a DOE facility</li> <li>• A current worker who exhibits signs or symptoms of beryllium exposure</li> <li>• A current worker who is receiving medical removal protection benefits</li> </ul>
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**Other candidate comments:**

Exam Type:  Annual  Change in Job Function  Return to Work  Restriction Review  Pre-Employment  Other:

Physician Signature:	Printed Name:	Date:     /     /
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## INSTRUCTIONS FOR THE COMPLETION OF THE JOB CONTENT WORKSHEET

When a new or revised JCW is required perform the following steps.

### JCW Preparer

1. Obtain the most recent revision of the JCW in the J-13 appendices.
2. Leave the Employee Name, Badge # and HR Requisition # **blank**; JCW are created for job titles, not individual employees.
3. With input from knowledgeable personnel, complete page 1.

### IH/OSH Representative

1. Utilize Table 1 below to help determine when the listed job functions and potential hazards/exposures should be checked on the JCW. Table 1 is not all inclusive, but provides specific considerations for certain types of job functions and potential hazards/exposures.
2. Complete page 2 and sign for IH/OSH Representative.

### Supervisor

1. Sign on page 2.
2. Provide completed form to RMDC for submittal routing.
3. Forward the JCW form to Occupational Medicine prior to scheduled worker examination.

**Table 1**

<b>Job Function or potential Hazard/Exposure from FBP-IH-PDD-00008-F01</b>	<b>Check when....</b>	<b>Medical Surveillance Content</b>
Ability to quickly evacuate work location	Work in areas where emergency situations could drive the need to quickly evacuate. This typically would be in work areas where hazardous gases could be released, criticality events or large fires could occur.	Traverse 100 yards expeditiously, unassisted, without stopping
Exertion Level – Light	Lift $\leq$ 20 lb. or frequent lift/carry <10lb.	Demonstrate ability to lift weight
Exertion Level – Moderate	Lift $\leq$ 50 lb. or frequent lift/carry <25lb.	Demonstrate ability to lift weight
Exertion Level – Heavy	Frequent lift/carry <50lb.	Demonstrate ability to lift weight
Exertion Level – Very Heavy	Reserved: Lift >100 lb. or frequent lift/carry >50lb.	Not permitted under current hazard controls
DOT/CDL Driver	Drivers of Commercial Motor Vehicles	DOT Exam (minimum every 24 months)
Crane Operation	Operators of cranes	Vision screen, drug test
Respiratory Protection (Negative Pressure, Powered Air Purifying, Airline, Self-Contained Breathing Apparatus)	Any use of respiratory protection	Initial/annual; SOMD discretion (minimum Part 1 Respirator Questionnaire, pulmonary function test)
Hearing Protection	Exposure to noise levels as an 8 hour time-weighted average (8-TWA) of $\geq$ 85dBA	Baseline, annual audiogram
Non-Destructive Testing Inspection	Inspectors designated by Quality Assurance	Visual acuity, color examination

<b>Job Function or potential Hazard/Exposure from FBP-IH-PDD-00008-F01</b>	<b>Check when....</b>	<b>Medical Surveillance Content</b>
Temperature Extremes	Workers who are routinely exposed to temperature extremes or who wear full-body personal protective equipment	Initial/Annual exam, review of health history
Bloodborne Pathogens	Occupational exposure to blood or body fluids visibly contaminated with blood	Hepatitis B Vaccine (at employee's discretion)
Lead	Exposure > 30µg/m <sup>3</sup> as 8-TWA >30 days/year without regard to respirator use	Exam & baseline blood lead/ZPP levels. Periodic based on air sampling results
Arsenic	Exposure >5 µg/m <sup>3</sup> as 8-TWA ≥ 30 days/year without regard to respirator use	Physical exam and chest x-ray, initial, annual, termination
Crystalline Silica	Use of respiratory protection for silica exposure ≥ 30 days per year	Chest x-ray, lung function tests every 3 years
Asbestos	Any exposure or potential for exposure >Permissible Exposure Limit without regard to respirator use	Initial, annual, termination (minimum of an exam and asbestos questionnaire, chest x-ray)
Beryllium	RESERVED- Exposure to airborne beryllium	RESERVED - Historical exposure monitoring indicates no airborne beryllium exposures
HAZWOPER	Designated as a HAZWOPER/ HAZMAT/TSD worker (refer to memorandum FBP-IOM-ESH&Q-19-0057)	Initial, annual, termination
Chromium (VI)	≥2.5 µgm/m <sup>3</sup> 8-twa ≥30 days a year without regard to respirator use	Initial, annual, termination exam. Review of health history, skin, respiratory tract
Other	Substance Specific (consult OSHA and ACGIH exposure limits)	As determined by exposure potential