

# PHYSICAL TASK ASSESSMENT

<b>Job Title</b>	Truck Driver	<b>Location</b>	
<b>Date</b>		<b>Performed by</b>	

**General Job Description:**

**Answer all questions. Circle the appropriate answer:**

<b>Lowest temperature employee will be required to work :</b> 40-60 F 15-40 F Below 15F	<b>Highest temperature employee required to work :</b> 70-80 f 80-90 f Over 90 f
<b>Wetness:</b> No Exposure Occasional (1-3 hours/day) Moderate (3-7 hours/day) Constant (7 or more hours/day)	<b>Slippery Surfaces:</b> No Exposure Occasional ( 1-3 hours/day) Moderate ( 3-7 hours/day) Constant ( 7 or more hours/day)
<b>Uneven Surfaces:</b> No Exposure Occasional (1-3 hours/day) Moderate (3-7 hours/day) Constant (7 or more hours/day)	<b>Exposure to height:</b> No Exposure Occasional (1-3 hours/day) Moderate (3-7 hours/day) Constant (7 or more hours/day)
<b>Vibration:</b> No Exposure Occasional (1-3 hours/day) Moderate (3-7 hours/day) Constant (7 or more hours/day)	<b>Confined Spaces:</b> No Exposure Occasional (1-3 hours/day) Moderate (3-7 hours/day) Constant (7 or more hours/day)
<b>Noise: Over 85db</b> No Exposure Occasional (1-3 hours/day) Moderate (3-7 hours/day) Constant (7 or more hours/day)	<b>Hazardous Materials: <i>Items that are known/suspect to be toxic:</i></b> No Exposure Occasional (1-3 hours/day) Moderate (3-7 hours/day) Constant (7 or more hours/day)
<b>Drive/operate vehicle:</b> No Exposure Occasional (1-3 hours/day) Moderate (3-7 hours/day) Constant (7 or more hours/day)	<b>Climb: (stairs, ladder)</b> No Exposure Occasional (1-3 hours/day) Moderate (3-7 hours/day) Constant (7 or more hours/day)
<b>Work Above Shoulder level:</b> No Exposure Occasional (1-3 hours/day) Moderate (3-7 hours/day) Constant (7 or more hours/day)	<b>Lift more than 25 lbs:</b> No Exposure Occasional (1-3 hours/day) Moderate (3-7 hours/day) Constant (7 or more hours/day)
<b>Personal Protective Equipment (PPE) :</b> Eye Protection:      Yes      No Safety shoes/boots    Yes      No Respirator:              Yes      No	<b>PPE cont</b> Head Protection:      Yes      No Hearing protection      Yes      No Other _____      Yes      No

