Check all job duties that apply to position title ____________________ /position number ____________________. The job duty links provide descriptions, required forms and locations for more information.

1. For established positions, record the items checked below in myUFL’s Organizational Development.
2. For non-established positions (Ex. OPS, volunteers), record the items checked below on the INOP form (https://connect.ufl.edu/ehs/occmed/pages/inop.aspx).
   - The Student Health Care Center will need the job duties from either #1 or #2 above before the health assessment is completed.

___ Animal Contact* exposure to vertebrate animals, animal tissues, body fluids or wastes; works with animals or works in animals facilities
___ Asbestos Abatement* individuals involved in an abatement effort
___ BioPath* for those with potential exposure to risk group 3 agents
___ Climbing focus is on not only leg motion but also hand-over-hand motion such as with climbing ladders but not stairs
___ Commercial Driver License* for those required to have a commercial driver license as part of their UF employment
___ Contact with Human Blood* or Other Potentially Infectious Material (OPIM) includes human body fluids other than feces, urine, tears and sweat
___ Frequent reaching above shoulder includes painting, shelving books, running overhead cable, etc
___ Heavy Lifting 51 pounds and over
___ Kneeling more than 2 hours per day
___ Law Enforcement duties with the University Police Department
___ Noise* (Work in Area of Excessive Noise) noise level defined by OSHA
___ Operation of Special Purpose Vehicle includes industrial or farm equipment
___ Patient Contact having physical or face-to-face contact with a patient, or having contact with potentially contaminated items including (but not limited to) blood and/or body fluids
___ Pesticide Use* individuals who use pesticides as defined in the Medical Monitoring Program for Pesticide Users
___ Repeated Bending more than 2 hours per day
___ Repetitive Pulling and Pushing
___ Respirator Use* for individuals required to wear a respirator on a routine or emergency basis
___ Scientific Research Diving* for individuals who participate in UF affiliated research diving
___ None of the above job duties apply

Supervisor name (print or type) ________ Supervisor signature ________ Date ________

*Requires Periodic Medical Monitoring/Training