

# Electronic JAF

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# An electronic version of the Job Assessment Form (JAF)...

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Is being rolled out in conjunction with a new requirement that OMC receive an updated JAF annually for every employee on site.

# Why does OMC need an updated JAF for every employee on site?

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- JAF (and AMS) provides info on the nature of an employee's job and associated hazards
  - OMC needs this info to determine whether an employee has any mandatory medical surveillance or certification requirements (e.g.; lead, asbestos, respirator, HAZWOPER)
- JAF describes employees "Essential Job Functions". Important to know these if:
  - Fitness for Duty issue
  - Possible need for restricted duty or physical limitations

# Under current system of JAF submission

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- OMC only gets a new JAF if an employee schedules an exam
- 1/3<sup>rd</sup> of employees on site don't schedule exams when they are due
  - OMC doesn't get JAF's for 1/3<sup>rd</sup> of employees
- OMC has documented instances where employees should have had mandatory physicals but went several years without
- New system closes this vulnerability

# Electronic JAF developed in conjunction with new universal JAF requirement...

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to hopefully make it easier for  
Supervisor/ES&H Coordinator to submit and  
annually update JAF

# 2 Years in the Making

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- Co-Developed by OMC and BSD
- Input from
  - ES& H Coordinators
  - Supervisors/Managers
  - OMC Personnel
  - Beth Schwaner and Training Group

# Planned rollout

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- BSD– October
- Balance of site– end of calendar 2006
- Initially, date JAF submission is due for each employee will be based upon date of last physical at OMC (staggered rollout)
- Subsequently, annual JAF update will be required

# Electronic JAF designed to emulate hard copy JAF in many respects

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- Supervisor and employee are informed (by e-mail) that JAF submission is due. As with hard copy JAF:
  - Employee can take a stab at filling in JAF but cannot officially submit it to OMC absent approval of supervisor and ES&H coordinator
  - With electronic JAF, supervisor and ES&H coordinator approve JAF by hitting “submit” button. OMC is then notified that form has been completed and can view completed form
  - ES&H Coordinator is notified by e-mail when supervisor has approved form and then has 15 days to also approve form
  - If ES&H does not act in 15 days, form goes to OMC anyway



Group ELEC ALARM

# Job Assessment Form

Status

In-Process

## Employee/Requisition Info

EmplID/Req ID

Date

07/31/2006

Job Title



Close Window

Organization Code

Save

▶ Instructions (click on arrow to expand)

Supervisor ID

Designee

## TYPE OF EXAMINATION

Employees who require medical approval for respirator use should bring to their exam the BNL Employee Respirator Medical Approval Form completed by their ES&H Coordinator. In-addition, the OSHA medical questionnaire for respirator users needs to be completed and on file in the OMC record (once only).

Pre-Placement     Recheck     Re-Hire     Transfer

Back-to-work     Not Applicable     Other

**Fitness for Duty** ( Complete and submit this form and go to FITNESS FOR DUTY Subject Area on SBMS and follow instructions)

Close Window

## Additional Forms

[Additional Medical Surveillance](#)

**PART 1: Essential Job Functions and associated physical demands and environmental conditions:**

Step 1 - In the box below describe the specific job functions or tasks that the employee must be able to do as an essential part of this job.

• Example: "Baking bread" might be an essential job functions for a baker

Step 2 - Indicate the job requirements (physical demands and work conditions) associated with this function by selecting items from the drop down menus. See "Job Requirements Help" for further description and explanation of certain items on the drop down menus.

Step 3 - Push the "+" button in order to select additional job requirements associated with this particular Essential Job Function. You may sequentially select as many associated job requirements as needed. Select the "Job Requirements" hyperlink for a detailed listing. The "+" will only illuminate when you have entered an essential job function.

Step 4 - Enter any additional physical demands, work conditions or other comments.

Step 5 - Hit the "Add another essential job function" button to add another Essential Job Function.

• Example: "Packaging Loaves" might be another Essential Job function for a baker

Select the hyperlink "Sample JAF", to view a completed Job Assessment.

Part 1 ◀ 1 of 7 ▶

**1 Enter Essential Job Function** Carrying tools, ladders, materials [Sample JAF](#)

**2 Enter associated job requirements** **3**  
[Job Requirements Help](#)

Strenuous exertion	+	🗑️
Lifting, moderate 15-30 lbs.	+	🗑️
Lifting, heavy > 30 lbs.	+	🗑️

**4 Enter any Additional physical demands, work conditions or other comments:**

**5** Add another essential job function 🗑️

Part 1

1 Enter Essential Job Function **Carrying tools, ladders, materials**

2 Enter associated job requirements

[Job Requirements Help](#)

- Strenuous exertion
- Lifting, moderate 15-30 lbs.
- Lifting, heavy > 30 lbs.
- 

3

4 Enter any Additional physical demands

5

- Ability to speak
- Alertness
- Arm/hand dexterity
- Awkward postures
- Confined spaces
- Continuous walking/standing**
- Driving lab vehicle-frequent
- Driving truck or heavy equip.
- Freq. foward bending/twisting
- Hear & understand speech

**PART 2: Non-Essential/Peripheral Job Functions and Environmental conditions (Optional):**

physical demand

Complete Part 2 in the same fashion as Part 1, but include in this section non-essential or peripheral job functions that the employee occasionally performs, but which are not considered a primary part of the employee's job. According to OSHA guidelines, such functions are generally performed less often than the essential functions of the job.

- Example: For a baker, "Fixing oven" might be a peripheral/non-essential function. (see also linked example)

will only illuminate when you have entered an essential job function.

Step 4 - Enter any additional physical demands, work conditions or other comments.

Step 5 - Hit the "Add another essential job function" button to add another Essential Job Function.

- Example: "Packaging Loaves" might be another Essential Job function for a baker

Select the hyperlink "Sample JAF", to view a completed Job Assessment.

## Part 1

7 of 7

1 Enter Essential Job Function Working off ladders, extension ladders

2 Enter associated job requirements

[Job Requirements Help](#)

Continuous walking/standing



3

4 Enter any Additional physical demands, work conditions or other comments:

5

Add another essential job function

**PART 2: Non-Essential/Peripheral Job Functions and associated physical demands and environmental conditions (Optional):**

will only illuminate when you have entered an essential job function.

Step 4 - Enter any additional physical demands, work conditions or other comments.

Step 5 - Hit the "Add another essential job function" button to add another Essential Job Function.

• Example: "Packaging Loaves" might be another Essential Job function for a baker

Select the hyperlink "Sample JAF", to view a completed Job Assessment.

Part 1

8 of 8

**1** Enter Essential Job Function

**2** Enter associated job requirements

[Job Requirements Help](#)

**4** Enter any Additional physical demands.

**5**

- Ability to speak
- Alertness
- Arm/hand dexterity
- Awkward postures
- Confined spaces
- Continuous walking/standing
- Driving lab vehicle-frequent
- Driving truck or heavy equip.
- Freq. foward bending/twisting
- Hear & understand speech

**3**

tion

**PART 2: Non-Essential/Peripheral Job  
Environmental conditions (Optional):**

**physical demands and**

# Part 2– Peripheral / Non-essential Job Functions

Complete Part 2 in the same fashion as Part 1, but include in this section non-essential or peripheral job functions the employee performs. These are functions that the employee occasionally performs, but which are not considered an essential part of the employee's job. According to OSHA guidelines, such functions are generally performed less often than once per week

- Example: For a baker, "Fixing oven" might be a peripheral/non-essential function. (see also linked examples noted above)

Note that completion of Part 2 is encouraged but is optional.

**Part 2** ◀ 2 of 2 ▶

**1 Enter Non-essential job functions** San

**2 Enter associated job requirements**  
[Job Requirements Help](#)

Visiting vendors to check new alarm systems

**3**

Driving lab vehicle-frequent	+	🗑️
Ability to speak	+	🗑️
Hear & understand speech	+	🗑️
Long/irregular hours	+	🗑️

**4** Enter any Additional physical demands, work conditions or other comments:

**5** Add another non-essential job function 🗑️

[Save](#) [Instructions and other information](#)



Group

ELEC ALARM

## Job Assessment Form



### Part 3: Work involving medical surveillance/certification requirements

Please check any tasks that apply to this job:

Note that checked items in this section have mandatory examination requirements.

E - Essential to job

S - Sometimes but not essential

N/A - Not Applicable

Condition	E	S	N/A
Hazardous Waste Operations/Emergency Response(HAZWOPER)*	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Care Provider or clinical research	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Human Blood/Body Fluids (Bloodborne Pathogens)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Laboratory Animals-primates	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Laboratory Animals-non primates	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Respirator use*	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Static magnetic fields > 5 gauss	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Certified Pesticide Applicator	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Condition	E	S	N/A
Oxygen deficient hazard (ODH)-Class I Only (C-AD)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Laser Operator (IIIB or IV)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Mobile cranes or other heavy mobile equipment	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Forklift, operates	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Rigging/hoisting	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Radiological Control Technician (RCT)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
DOT CDL (Commercial Drivers Licenses) card	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Click above for an explanation of the item or to enter your comment or additional information.



Group ELEC ALARM

## Job Assessment Form

### Part 3: Work involving medical surveillance/certification requirements

Please check any tasks that apply to this job:

Note that checked items in this section have mandatory examination requirements.

E - Essential to job

S - Sometimes but not essential

N/A - Not Applicable

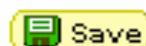
Condition	E	S	N/A	Condition
Hazardous Waste Operations/Emergency Response(HAZWOPER)*	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Oxygen deficient hazard (ODH)-Classified (C-AD)
Health Care Provider or clinical research	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Laser Operator (IIIB or IV)
Human Blood/Body Fluids (Bloodborne Pathogens)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Mobile cranes or other heavy mobile equipment
Laboratory Animals-primates	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Forklift, operates
Laboratory Animals-non primates	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Rigging/hoisting
Respirator use*	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Radiological Control Technician (C-AD)
Static magnetic fields > 5 gauss	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	DOT CDL (Commercial Drivers Licenses) card
Certified Pesticide Applicator	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	

Click  above for an explanation of the item or to enter your comment or additional information.



## Explanation

[Return](#)



See OSHA Hazardous Waste Operations and Emergency Response Standard (29CFR1910.120) at [www.osha.gov](http://www.osha.gov), including paragraph 1910.120(f) regarding medical surveillance requirements.

Enter additional information below

Disposing of hazardous waste, including chemical and medical waste. Emergency response in the event of a spill



[Return](#)

\*--Employees who require medical approval for respirator use should bring to their exam the BNL Employee Respirator Medical Approval Form completed by their ES&H Coordinator.. In addition, the OSHA medical questionnaire for respirator users needs to be completed and on file in the OMC record (once only).

#### Part 4: Work involving exposure-based OSHA or DOE medical surveillance requirements

At this time, does the employee have exposure to noise, chemicals or substances at levels requiring medical surveillance? These include: asbestos, beryllium, cadmium, lead, and carcinogens.

- No
- Yes In addition to this JAF, please complete an [Additional Medical Surveillance](#) form to OMC.
- Not Sure Contact industrial Hygiene or the OMC Manager(x3666).

Does the employee have a history of past or present exposure to beryllium?

- No
- Yes In addition to this JAF, please complete the Beryllium Medical Surveillance Request Form
- Note that this form must also be signed by the Beryllium Subject Matter Expert (See the Beryllium Subject Area on SBMS), in addition to the Supervisor and ES&H Coordinator.

 Save

[Instructions and other information](#)

 Save

 Return to Search

## Medical Surveillance

Please check all items for which you are requesting medical surveillance.

**OSHA Noise** (29CFR1910.95) a 14-hour noise free period is required prior to exam.

**OSHA Lead Construction** (29CFR1926.62):

Specify number of days during current 12 months employee is occupationally exposed at/above OSHA Action Level:

- 1 to 30 days** (requires 1 blood test)       **> 30 days** (requires 2 or 4 blood tests over 6 months)       **Baseline Only**       **N/A**

**OSHA Lead General Industry** (29CFR1910.1025)

(Requires 2 blood tests over 6 months; may also require an initial physical exam)

**OSHA Abestos:**     **General Industry** (29CFR1910.1001)     **Construction** (29CFR1926.1101)     **N/A**

**OSHA Cadmium:**     **General Industry** (29CFR1910.1027)     **Construction** (29CFR1926.1127)     **N/A**

**Other Chemical** with OSHA medical surveillance requirement (please specify):

## Required Information

Describe the employee's duties as they relate to the employee's exposure.

List the employee's representative exposure level or anticipated exposure level.

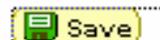
Describe any personal protective and respiratory equipment used or to be used.



Group

ELEC ALARM

## Job Assessment Form



### Part 5: Additional workplace hazards or potential exposures from this job: Check all that apply

O - Often

S - Sometimes

N/A - Not Applicable

Condition		O	S	N/A
Biohazards (Specify)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hazardous Chemicals (specify)		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Cool Temperatures (below 60 degrees F)		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Cryogenics		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Airborne dusts or fibers (specify)		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Foreign travel		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Metal fumes/welding fumes, airborne metal dusts		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hazardous Wastes		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
High Voltage/Energized Equipment Work		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Operator: Accelerator - Other		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Repetitive Motion/ergonomic hazards (Specify)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Nanomaterials (Specify)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Condition		O	S	N/A
Organic solvents-airborne vapor or skin exposure		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Computer/keyboard		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Work around moving machinery		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Work outdoors		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Ionizing radiation - external source		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Radioisotopes		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
UV Radiation		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Sewage/wastewater		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Pesticides (EP employees, Grounds only)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Powered Hand Tools/hand vibration		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Testing Designated position (HR use only)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Click above for an explanation of the item or to enter your comment or additional information.



## Explanation

[Return](#)



Significant exposure to nuisance dusts (such as concrete dust), textile fibers, silica dust/sandblasting, or asbestos. If asbestos, also fill out Additional Medical Surveillance for exposure at or above OSHA Action Level.

Enter additional information below

silica, ACM

[Return](#)

## Part 6: Job Risk Assessments (JRA's) relevant to this job (Optional)

Please provide the web address of any JRA's relevant to the job: Example [http://www.bnl.gov/fosteq/OHSAS/OHSAS\\_JRA.htm](http://www.bnl.gov/fosteq/OHSAS/OHSAS_JRA.htm)

Website URL

Description

Add



## Part 7: To be completed by supervisor or designee:

If this employee has an exam at OMC, do you wish OMC to send you a Physical Limitation form?

The Physical Limitation form reports to the employee's supervisor and department or division any physical limitations (long term restrictions) relevant to the employee's essential and non-essential job functions, such as restrictions on lifting, driving, work at heights, or use of a respirator. Sample form is available at forms the forms tab on OMC's web site.

Yes  No

[www.bnl.gov/hr/occmcd](http://www.bnl.gov/hr/occmcd)

## Other Comments

Save

Submit

[Instructions and other information](#)

Save

[Return to Search](#)

# JAF Templates

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- Templates will be available to assist Supervisor/ES&H Coordinator to initially fill in an employee's JAF (rather than work off a blank JAF)
- 34 Templates corresponding to 34 site-wide Job Groups
- Additional templates for EP Craft Codes

<b>Add</b>		EP	INSULATION	Insulation Worker	07/10/2006	
<b>Add</b>		EP	METAL	Metal work Maintenance	07/10/2006	
<b>Add</b>		EP	PLUMBER	Plumber	05/31/2006	
<b>Add</b>		EP	REFRIG APP	Refrigeration & AC Eng Apprent	07/10/2006	
<b>Add</b>		EP	REFRIGER	Refrigeration & A/C Chilled En	07/10/2006	
<b>Add</b>		EP	SEWAGE	Sewage Treatment Plant Operatr	07/10/2006	
<b>Add</b>		EP	STAT ENG	Sr. Stationary Engineer	07/10/2006	
<b>Add</b>		EP	STEAM	Steamfitter A, Apprentice	07/10/2006	
<b>Add</b>		EP	TOWERLINE	Towerline Worker	07/10/2006	
<b>Add</b>		EP	WATER	Water & Sewage Oper Engineer	07/10/2006	
<b>Add</b>		XX	1A	Top Management-Tech	06/13/2006	
<b>Add</b>		XX	1B	Top Management-Non Tech	06/13/2006	
<b>Add</b>		XX	1C	Manager&super - Scientific	06/13/2006	
<b>Add</b>		XX	1D	Mgr/Supv - Eng&Sci Computg	06/13/2006	
<b>Add</b>		XX	1E	Mgr/Supv - Technical	06/13/2006	
<b>Add</b>		XX	1F	Mgr/Supv - Administrative	06/13/2006	
<b>Add</b>		XX	2A	Prof - Chem & other Phy Sci	06/13/2006	
<b>Add</b>		XX	2B	Prof - Physici & Mathematics	06/13/2006	
<b>Add</b>		XX	2C	Prof - Life Scientists	06/13/2006	
<b>Add</b>		XX	2D	Prof - ES&H	06/13/2006	
<b>Add</b>		XX	2E	Prof - Elec Engineers		

# In subsequent years

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- Supervisor/ES&H coordinator will receive link to old JAF and are asked to update– don't have to start from scratch
- If OMC changes the form itself (e.g.; modifying, adding or deleting items), information previously entered by Supervisor/ES&H Coord. will be carried over and not lost
- Form draws from HR/BSD database, so employee's supervisor is updated automatically