

# Job Description City of Owensboro

**Job Title:** *Firefighter*  
**Effective Date:** **January 7, 2011; Revised May 21, 2013**  
**Reporting Structure and Mission Statement :** Reports to Captain or Lieutenant as assigned, or as otherwise designated by management. Refer to City of Owensboro Annual Budget for organization chart and mission statement.

**Designated Work Hours :** *Generally, 7:00am – 7:00am per designated shift (i.e., 24 hours on, 48 hours off), with rest and meal breaks in accordance with wage and hour requirements. In addition, this position may be required to work additional hours when necessary to perform job functions, in accordance with applicable law. Designated work hours are subject to change on a permanent or temporary basis.*

NOTE : This job description supersedes all existing job descriptions for this job classification and may not be amended without approval of designated management. This job description, its contents, and its attachments are subject to change at any time, in accordance with applicable policy and law.

**Approved By:** Steve Mitchell, Fire Chief  
**Department Head or Other Designated Management**

Danielle Woodward, Personnel Director  
**Personnel Dept.**

## THE CITY EMPLOYEE CODE OF CITIZEN SERVICE:

Employees are expected to read and comply with The City Employee Code of Citizen Service, located in the Personnel Manual. For example, employees are expected to serve as role models for other City government employees. Positive communication, the desire to work toward resolving problems, objectivity, courtesy, customer service, professionalism, and the commitment to strive toward the City's best interests are expected from all employees. Negative behaviors such as, but not limited to, gossip, disrespect for others' privacy, failing to cooperate as a member of the team, discourteous behavior, divulging confidential information or relaying false information, poor customer service, and failing to abide by policies and procedures may be grounds for disciplinary action.

## JOB SUMMARY

Performs as member of the Owensboro Fire Department to ensure quality performance in saving lives, property, conservation, extinguishing fires, and responding to medical and other emergencies.

## ESSENTIAL DUTIES AND RESPONSIBILITIES may include the following and other duties as assigned.

### TASKS

(Frequency: Occasionally = estimated at less than 1/3 of the time; Frequently = estimated between 1/3 to 2/3 of time; Regularly = estimated at over 2/3 of the time)

Performs What Action?	To Whom or To What?	To Produce What?	Using What Tools?	With What Instruction or Direction?	At What Frequency?
<b>Performs firefighting and other emergency response duties</b>	For the Owensboro Fire Department and ultimately the citizens of Owensboro	To ensure productive, safe, efficient, and customer-oriented operation of City services	Using generally accepted operational and emergency/ fire science practices	Under the direction of the designated supervisor, in accordance with applicable policies, procedures, laws, and regulations	Regularly

Examples of Actions may include, but are not limited to:

Primary Essential Function(s) include but not limited to:

- Refer to "Leadership/Training Responsibilities" section of this job description.

- General duties include, but are not limited to: Examines protective gear, breathing apparatus' (SCBA), hoses, etc.; Cleans and inspect trucks, equipment, and tools; Drives and Operates fire apparatus and emergency vehicles; Tests and inspects hydrants, trucks, and vehicle fluids; Inspects commercial and non-commercial buildings to detect fire and safety hazards, and become familiar with structures within assigned district; Assists other City departments as needed.
- Ensures effective and safe practices in fire/emergency suppression, emergency medical services, and support services;
- Assists other City departments as needed.

Emergency responses include, but are not limited to: Fire (e.g., House, buildings, cars, dumpsters); Emergency Medical Services (EMS); Wrecks (e.g., Automobiles, tractor-trailers, trains, planes); Hazardous materials (e.g., Chemical spills, radiation, carbon monoxide detectors); Alarms (e.g., General, sprinkler, malfunctioning, smoke scares, good intent); Water Rescues (e.g., Rivers, lakes, ponds, pools, other waterways); High Angle (e.g., Any incident requiring specialized rope training); Confined space (e.g., Sewers, basements, bins, collapsed buildings); Mutual aid (e.g., Assists other services);

Training includes, but is not limited to: Fire suppression; Emergency Medical Technician (EMT); Hazardous Materials - Technician level; Water rescue; Rope rescue; Confined space; Vehicle extrication; Driver/Operator Training and Certification; Hydrant testing; Company surveys; Community education; New equipment; Infectious control; First-Aid; CPR; Streets; Hoses; Other training as deemed necessary.

Other Essential Function(s) include but not limited to:

- Maintains firehouse and lawn; Performs Spring cleaning (painting, repairs, etc.); Maintain professional appearance of all fire apparatus (e.g., washing, waxing); Performs special projects as directed.

## LEADERSHIP / TRAINING RESPONSIBILITIES

All employees, regardless of rank, status, grade, or pay:

- shall serve as good role models; and
- shall adhere to the City Employee Code of Citizen Service; and
- shall take necessary safety precautions to ensure the safety of themselves and others; and
- shall undergo required training and cross-training; and
- shall cooperate as part of the team, and as such, assist and/or assume the duties/responsibilities of other employees when directed and/or as needed; and
- shall exhibit strong customer service not only with the general public, but with our internal customers as well (i.e., other city employees); and
- shall ensure that those who report to them, if applicable, are adequately trained and cross-trained; and
- may be required to mentor, train, coach, and monitor other employees, volunteers, program participants, etc.

One of the primary responsibilities this job classification possesses is to serve in the following capacity:

(Check most suitable box below)

- Lead Employee (e.g., Crew Leader, Records Manager, etc.)*
- Supervisor*
- Manager, Deputy Director, Captain, Battalion or Assistant Fire Chief*
- Director, Chief, or Higher Level position*
- None of the above*

Check all that apply below as it pertains to such responsibilities:

- Assigns work to staff*
- Approves staff schedule*
- Monitors staff*
- Reviews work of staff*
- Directs staff*
- Participates in job interviews and the hiring process*
- Recommends hiring/promotional selections*
- Provides input to supervisor conducting performance evaluation*

- Evaluates staff performance & signs as rater on standard performance evaluation form
- Recommends disciplinary action (counseling, warning, suspension, reduction in grade or pay, dismissal)
- After necessary consultation, addresses disciplinary concerns
- Resolves staff conflicts
- Develops staff members to their fullest potential
- Approves job descriptions, duties, etc.
- Enforces policies/procedures
- Enforces safety procedures, practices, and protocol
- Customarily and regularly directs the work of two or more other employees
- Has Primary duty of the management of the department, division, facility, or unit (specify: \_\_\_\_\_)
- Other \_\_\_\_\_

**NON-ESSENTIAL DUTIES AND RESPONSIBILITIES** may include the following and other duties as assigned.

*Not applicable.*

## QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. Items checked and/or stated below represent the knowledge, skill, ability, and/or characteristics required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

### EDUCATION and/or EXPERIENCE

Per Employee Handbook Policy 109:

**Basic Requirements.** All applicants shall meet the requirements as established by the applicable provisions of the Kentucky Revised Statutes, federal law, and all other requirements contained herein.

**Age Requirement.** The minimum age requirement shall be at least age 21 at time they become sworn.

**Education Requirements.** The minimum Education Requirements shall be high school diploma or GED, plus an Associates degree in job related field, or its equivalent as defined in the job description\*, in education, training, experience, and/or combination thereof. Other qualifications may be required, as specified in the job description.

*An applicant for the position of firefighter is required to have an Associate's degree, or its equivalent, from an accredited college or university in fire science, related sciences (for example, chemistry, physics), communications, management, or other field which is job-related, or two (2) years active duty military, or three (3) years firefighting, Emergency Medical Technician (EMT), or Paramedic experience in a full-time capacity, or six (6) years experience as a certified volunteer firefighter with certified training hours, or current Emergency Medical Technician (EMT) basic certification with 45 job-related accredited college or university hours, or an equivalent combination of education and experience. An applicant for the position of firefighter shall provide evidence of completed education and/or active military duty (i.e., evidence of Associate's degree or other applicable college hours, and/or Form DD214 or other sufficient military documentation). Applicants failing to meet such standards shall be disqualified from any further consideration of employment.*

**Furthermore,** pursuant to KRS 95.440, firefighters shall be a person of sobriety, integrity, and an orderly, law-abiding citizen.

**Please list any education or experience that will be required after employment commences, and state how long the employee will have to meet this requirement (recommended not to exceed probationary period):**

Not applicable

**Please list any education or experience that is preferred, but not required:**

Not applicable

**CERTIFICATES, LICENSES, REGISTRATIONS**

Required at time of application (check all that apply):

<input checked="" type="checkbox"/> Valid driver's license	<input type="checkbox"/> Certified Public Accountant (CPA)	<input type="checkbox"/> Professional Engineer (PE) <input type="checkbox"/> Land Surveyor
<input type="checkbox"/> Valid Commercial Driver's License <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> P endorsement <input type="checkbox"/> Hazmat	<input type="checkbox"/> CPR/First Aid / Rescue / First Response / Medical <input type="checkbox"/> Adult CPR <input type="checkbox"/> Child CPR <input type="checkbox"/> First Aid <input type="checkbox"/> Lifesaving <input type="checkbox"/> Water rescue <input type="checkbox"/> Safety Instructor <input type="checkbox"/> EMT <input type="checkbox"/> RN (Registered Nurse) <input type="checkbox"/> Other:	<input type="checkbox"/> Computer certifications <input type="checkbox"/> Novell CNE <input type="checkbox"/> Novell CNA <input type="checkbox"/> MSCE <input type="checkbox"/> A+ <input type="checkbox"/> Other
<input type="checkbox"/> Pesticide	<input type="checkbox"/> Notary Public	<input type="checkbox"/> Other

**Please list any certificates, licenses, or registrations that will be required after employment commences, and state how long the employee will have to meet this requirement (recommended not to exceed probationary period):**

An applicant for the position of firefighter shall obtain basic certification as an Emergency Medical Technician (EMT) within eighteen (18) months of employment. Regular status shall not be granted without meeting this requirement. EMT certification must be maintained.

**Please list any certificates, licenses, registrations that are preferred, but not required:**

Not Applicable

**VEHICLES/EQUIPMENT:**

The employees in this job classification are required to safely and effectively inspect, drive, operate, maintain, repair, and/or work with the following vehicles and equipment:

(check all that apply)

<input checked="" type="checkbox"/> Riding Mower	<input checked="" type="checkbox"/> Non-CDL Pick-up Truck	<input type="checkbox"/> Rear loader garbage truck
<input type="checkbox"/> 4 wheel drive fairway mower	<input type="checkbox"/> Non-CDL Flatbed truck	<input type="checkbox"/> Front loader garbage truck
<input type="checkbox"/> Golf Cart	<input type="checkbox"/> Non-CDL Dump truck	<input type="checkbox"/> Side loader garbage truck
<input type="checkbox"/> Gator	<input type="checkbox"/> Large Non-CDL vehicle	<input type="checkbox"/> Man-lifts
<input type="checkbox"/> Zamboni	<input type="checkbox"/> Tractor	<input type="checkbox"/> Chipper
<input type="checkbox"/> Forklift	<input type="checkbox"/> Tractor with Lift	<input type="checkbox"/> Leaf vacuum
<input checked="" type="checkbox"/> Non-CDL small/regular sized vehicle/truck	<input type="checkbox"/> Tractor with bucket	<input checked="" type="checkbox"/> Small power tools
<input type="checkbox"/> CDL vehicle (specify):	<input checked="" type="checkbox"/> Aerial bucket truck	<input checked="" type="checkbox"/> Large power tools
<input checked="" type="checkbox"/> Pumper truck	<input type="checkbox"/> Knuckleboom	<input checked="" type="checkbox"/> Chainsaws
<input checked="" type="checkbox"/> Ladder truck	<input type="checkbox"/> Front-end Loader	<input checked="" type="checkbox"/> Ladder
<input type="checkbox"/> Police vehicle	<input type="checkbox"/> Tri-plex mower	<input type="checkbox"/> Backpack blower
<input checked="" type="checkbox"/> Other: Snow plow, Hauling Trailers, and others as assigned	<input checked="" type="checkbox"/> Other: EMS equipment and supplies	<input checked="" type="checkbox"/> Other: Hazmat, Water emergency, trench, rope rescue equipment and

		<b>supplies</b>
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**COMPUTER SOFTWARE/HARDWARE:**

Employees in this job classification are required to effectively use the following, if provided:

(check all that apply)

<input type="checkbox"/> MS WINDOWS	<input type="checkbox"/> CCAR	<input checked="" type="checkbox"/> MS OUTLOOK	
<input type="checkbox"/> MS ACCESS	<input type="checkbox"/> COBOL	<input type="checkbox"/> AS400	<input checked="" type="checkbox"/> INTERNET & INTRANET
<input type="checkbox"/> MS WORD	<input type="checkbox"/> VISUAL BASIC	<input checked="" type="checkbox"/> PERSONAL COMPUTER AND RELATED EQUIPMENT	<input type="checkbox"/> GIS RELATED SOFTWARE/HARDWARE
<input type="checkbox"/> MS EXCEL	<input checked="" type="checkbox"/> OTHER: As assigned	<input type="checkbox"/> OTHER:	<input type="checkbox"/> OTHER:
<input type="checkbox"/> MS POWERPOINT	<input type="checkbox"/> OTHER:	<input type="checkbox"/> OTHER:	<input type="checkbox"/> OTHER:
<input type="checkbox"/> MS PUBLISHER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> OTHER:	<input type="checkbox"/> OTHER:

**OTHER REQUIRED (K)NOWLEDGE, (S)KILLS, (A)BILITIES, AND (C)HARACTERISTICS (KSAC's):**

The KSACs described below represent those required to successfully perform the essential job functions. Others may be added.

What KSAC?	To What Effect or In What Context is it Used?	To What Degree of Accuracy or at What Level?
<b>Communication skills and abilities (oral, written, listening, interpersonal/body language)</b>	As needed in addressing routine, sensitive, and complex issues	<u>Oral</u> : Strong, clear, precise, and effective via phone/radio and in person (whether one-on-one, or to a small or large group); <u>Written</u> : Error-free, grammatically correct, correct sentence and paragraph structure, effective style, organized format, user-friendly for the appropriate audience; <u>Listening</u> : Strong, effective, genuine <u>Interpersonal/Body Language</u> : Non-offensive, Non-intimidating, Approachable, Pleasant.
Examples may include but are not limited to: <ul style="list-style-type: none"> <li>• Establishing and maintaining good working relations</li> <li>• Addressing questions and problems</li> <li>• Cross-training employees</li> <li>• Assisting with the establishment of procedures, reports, correspondence, and various other forms of documentation</li> <li>• Following through with directives and instructions</li> </ul>		
<b>Reasoning skills and abilities (Problem Solving, Decision Making, Critical Thinking, Comprehension)</b>	As needed in addressing routine, sensitive, and complex issues	Objective, Sound, and Effective
Examples may include but are not limited to: <ul style="list-style-type: none"> <li>• Defining problems, Collecting data, Establishing facts, Drawing valid conclusions</li> <li>• Addressing questions and problems</li> <li>• Comprehending, evaluating, analyzing, and interpreting information</li> <li>• Thinking outside the box, brainstorming ideas and solutions, being able to look at issues from various perspectives</li> <li>• Exercising good judgment</li> <li>• Making decisions that serve the City's best interests</li> <li>• Comprehending information in oral, written, mathematical, or diagram form</li> <li>• Learning and retaining new information</li> <li>• Performing necessary math, basic to complex, as needed to perform essential job functions</li> </ul>		
<b>Leadership skills and abilities</b>	As needed in addressing routine, sensitive, and complex issues	Objective, Sound, and Effective
Examples may include but are not limited to: <ul style="list-style-type: none"> <li>• Working on a team to accomplish a goal, as a member or leader of the team</li> </ul>		

<ul style="list-style-type: none"> <li>• Ensuring excellent customer service to internal and external customers</li> <li>• Demonstrating strong initiative, self-starter, pro-activeness, and innovativeness attributes</li> <li>• Demonstrating strong enthusiasm, judgment, commitment</li> <li>• Demonstrating positive role model attributes</li> <li>• Demonstrating dedication and commitment to employee and public safety</li> <li>• Demonstrating flexibility in the face of change</li> <li>• Demonstrating integrity, trustworthiness, honesty, maintaining confidentiality</li> <li>• Demonstrating strong work ethic, proper work temperament, and being an overall dependable employee</li> <li>• Demonstrating compassion when needed, and exercising a clear, level head in a variety of emergency settings</li> </ul>		
<b>Efficiency skills and abilities</b>	As needed in addressing routine, sensitive, and complex issues	Objective, Sound, and Effective
<p>Examples may include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Refer to “Computer software/hardware” section of this job description</li> <li>• Refer to “Vehicles/Equipment” section of this job description</li> <li>• Managing time, organizing, coordinating, being detail-oriented, etc.</li> <li>• Streamlining, maximizing productivity, minimizing costs</li> </ul>		
<b>Job knowledge, skills, and abilities</b>	As needed in addressing routine, sensitive, and complex issues	Objective, Sound, and Effective
<p>Examples may include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Refer to “Education and Experience” section of this job description</li> <li>• Refer to “Certifications, Licenses, and Registrations” section of this job description</li> <li>• Knowledge in fire science and emergency response.</li> </ul>		

**PHYSICAL AND MENTAL DEMANDS**

The physical and mental demands described represent those required to successfully perform the essential job functions. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing job duties, the employee is required to:

(check all that apply)

<b>REGULARLY (over 2/3 of the time)</b>	<b>FREQUENTLY (1/3 to 2/3 of time)</b>	<b>OCCASIONALLY (under 1/3 of time)</b>
<input type="checkbox"/> Lift and/or move up to 10 pounds	<input checked="" type="checkbox"/> Lift and/or move up to 50 pounds	<input checked="" type="checkbox"/> Lift and/or move up to 100 pounds
<input checked="" type="checkbox"/> Talk	<input type="checkbox"/> Talk	<input type="checkbox"/> Talk
<input checked="" type="checkbox"/> Hear	<input type="checkbox"/> Hear	<input type="checkbox"/> Hear
<input type="checkbox"/> Sit	<input checked="" type="checkbox"/> Sit	<input type="checkbox"/> Sit
<input type="checkbox"/> Stand	<input checked="" type="checkbox"/> Stand	<input type="checkbox"/> Stand
<input type="checkbox"/> Walk	<input checked="" type="checkbox"/> Walk	<input type="checkbox"/> Walk
<input type="checkbox"/> Use hands to finger, handle, or feel	<input checked="" type="checkbox"/> Use hands to finger, handle, or feel	<input type="checkbox"/> Use hands to finger, handle, or feel
<input type="checkbox"/> Reach with hands and arms	<input type="checkbox"/> Reach with hands and arms	<input checked="" type="checkbox"/> Reach with hands and arms
<input type="checkbox"/> Taste and/or smell	<input type="checkbox"/> Taste and/or smell	<input checked="" type="checkbox"/> Taste and/or smell
<input checked="" type="checkbox"/> Use vision to see close, distance, color, peripherally, depth perception, and/or ability to adjust focus, in various emergency / weather / daylight / nighttime conditions	<input type="checkbox"/> Use vision to see close, distance, color, peripherally, depth perception, and/or ability to adjust focus	<input type="checkbox"/> Use vision to see close, distance, color, peripherally, depth perception, and/or ability to adjust focus
<input type="checkbox"/> Climb	<input type="checkbox"/> Climb	<input checked="" type="checkbox"/> Climb
<input type="checkbox"/> Balance	<input type="checkbox"/> Balance	<input checked="" type="checkbox"/> Balance
<input type="checkbox"/> Stoop, kneel, crouch, or crawl	<input type="checkbox"/> Stoop, kneel, crouch, or crawl	<input checked="" type="checkbox"/> Stoop, kneel, crouch, or crawl
<input checked="" type="checkbox"/> Drive a vehicle	<input type="checkbox"/> Drive a vehicle	<input type="checkbox"/> Drive a vehicle
<input type="checkbox"/> Perform Physical Repetitive Motion: Office work (using computer keyboard, etc.)	<input type="checkbox"/> Perform Physical Repetitive Motion:	<input checked="" type="checkbox"/> Perform Physical Repetitive Motion: Office work ( work required at the emergency scene such as swinging a sledgehammer, etc..)

<p>Utilize Effective Reasoning skills (e.g., Comprehension, Problem-Solving, Decision Making, and Exercising Judgment) for work involving:</p> <p><input type="checkbox"/> Clerical, Secretarial, Office Management, &amp; Administrative duties and/or responsibilities</p> <p><input type="checkbox"/> Labor, Skilled Craft, Trades, Maintenance, and/or Technical duties and responsibilities</p> <p><input type="checkbox"/> Professional/Technical duties and responsibilities</p> <p><input type="checkbox"/> Police duties and responsibilities</p> <p><input checked="" type="checkbox"/> Fire Department duties and responsibilities</p> <p><input checked="" type="checkbox"/> Safety Sensitive duties and responsibilities</p> <p><input type="checkbox"/> Supervisory duties and responsibilities</p> <p><input type="checkbox"/> Managerial duties and responsibilities</p>	<p>Utilize Effective Reasoning skills (e.g., Comprehension, Problem-Solving, Decision Making, and Exercising Judgment) for work involving:</p> <p><input type="checkbox"/> Clerical, Secretarial, Office Management, &amp; Administrative duties and/or responsibilities</p> <p><input type="checkbox"/> Labor, Skilled Craft, Trades, Maintenance, and/or Technical duties and responsibilities</p> <p><input type="checkbox"/> Professional/Technical duties and responsibilities</p> <p><input type="checkbox"/> Police duties and responsibilities</p> <p><input type="checkbox"/> Fire Department duties and responsibilities</p> <p><input type="checkbox"/> Safety Sensitive duties and responsibilities</p> <p><input type="checkbox"/> Supervisory duties and responsibilities</p> <p><input type="checkbox"/> Managerial duties and responsibilities</p>	<p>Utilize Effective Reasoning skills (e.g., Comprehension, Problem-Solving, Decision Making, and Exercising Judgment) for work involving:</p> <p><input type="checkbox"/> Clerical, Secretarial, Office Management, &amp; Administrative duties and/or responsibilities</p> <p><input type="checkbox"/> Labor, Skilled Craft, Trades, Maintenance, and/or Technical duties and responsibilities</p> <p><input type="checkbox"/> Professional/Technical duties and responsibilities</p> <p><input type="checkbox"/> Police duties and responsibilities</p> <p><input type="checkbox"/> Fire Department duties and responsibilities</p> <p><input type="checkbox"/> Safety Sensitive duties and responsibilities</p> <p><input type="checkbox"/> Supervisory duties and responsibilities</p> <p><input type="checkbox"/> Managerial duties and responsibilities</p>
<p><input type="checkbox"/> Other:</p>	<p><input type="checkbox"/> Other:</p>	<p><input checked="" type="checkbox"/> Other: See below for details.</p>

**FURTHER DETAILS REGARDING PHYSICAL AND MENTAL DEMANDS:**

- Refer to Attachment A for a listing of potential hazards and required personal protective equipment.
- **The City of Owensboro adheres to “NFPA 1582 Standard on Medical Requirements for Firefighters.” Applicants and employees are required to meet these standards.**
- Fire Department employees must be able to do the following, when needed:
  - Wear protective clothing weighing approximately 50 lbs. Clothing and one section of 3” uncharged hose weighs approximately 100 lbs.
  - Work in pairs at a fire. Two firefighters need to be able to carry out a victim possibly weighing 200 lbs. or more.
  - Perform duties requiring the use of one section of charged 2-1/2” hose weighing approximately 105 lbs.
  - Perform duties requiring the use of one 100 ft. section of 5” hose weighing approximately 100 lbs.
  - Wear a breathing apparatus (SCBA).
  - Climb a ladder.
  - Climbing multiple flights of stairs
  - Swing an 8 lb. sledge hammer and/or ax for 2/3 minutes.
  - Drag 150-200 lbs. up to fifty feet.
  - Use pry tools.
  - Bend over to connect 3”-5” hose connections.
  - Use a chain saw on roofs.
  - Work in small confined spaces.
  - Work in or around bodies of water
  - Operate a fire truck in emergency mode.
  - Crawl or crouch for prolonged periods.
  - Wear a helmet as part of protective gear.
  - Reach and pull with arms such as pulling a ceiling down with pike pole.

*Comments: Employees are required to properly wear/use Personal Protective Equipment as required by OSHA, policy, applicable regulation/procedure, or by directive of the supervisor.*

**WORK ENVIRONMENT**

The work environment characteristics described represent those encountered while performing the essential job functions. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing job duties, the employee is exposed to:

(Check all that apply)

REGULARLY (over 2/3 of the time)	FREQUENTLY (1/3 to 2/3 of time)	OCCASIONALLY (under 1/3 of time)
<input type="checkbox"/> Moving mechanical parts	<input type="checkbox"/> Moving mechanical parts	<input checked="" type="checkbox"/> Moving mechanical parts
<input type="checkbox"/> Outside weather conditions (cold, hot, wet, humid, etc.)	<input type="checkbox"/> Outside weather conditions (cold, hot, wet, humid, etc.)	<input checked="" type="checkbox"/> Outside weather conditions (cold, hot, wet, humid, etc.)
<input type="checkbox"/> Extreme cold (non-weather)	<input type="checkbox"/> Extreme cold (non-weather)	<input checked="" type="checkbox"/> Extreme cold (non-weather)
<input type="checkbox"/> Extreme heat (non-weather)	<input type="checkbox"/> Extreme heat (non-weather)	<input checked="" type="checkbox"/> Extreme heat (non-weather)
<input type="checkbox"/> Wet or humid conditions (non-weather)	<input type="checkbox"/> Wet or humid conditions (non-weather)	<input checked="" type="checkbox"/> Wet or humid conditions (non-weather)
<input checked="" type="checkbox"/> Noise level <input type="checkbox"/> Usually very loud <input type="checkbox"/> Usually loud <input checked="" type="checkbox"/> Usually moderate <input type="checkbox"/> Usually quiet <input type="checkbox"/> Usually very quiet	<input type="checkbox"/> Noise level <input type="checkbox"/> Usually very loud <input type="checkbox"/> Usually loud <input type="checkbox"/> Usually moderate <input type="checkbox"/> Usually quiet <input type="checkbox"/> Usually very quiet	<input checked="" type="checkbox"/> Noise level <input checked="" type="checkbox"/> Usually very loud <input type="checkbox"/> Usually loud <input type="checkbox"/> Usually moderate <input type="checkbox"/> Usually quiet <input type="checkbox"/> Usually very quiet
<input type="checkbox"/> High, precarious places	<input type="checkbox"/> High, precarious places	<input checked="" type="checkbox"/> High, precarious places
<input type="checkbox"/> Fumes and/or airborne particles	<input type="checkbox"/> Fumes and/or airborne particles	<input checked="" type="checkbox"/> Fumes and/or airborne particles
<input type="checkbox"/> Toxic and/or caustic chemicals	<input type="checkbox"/> Toxic and/or caustic chemicals	<input checked="" type="checkbox"/> Toxic and/or caustic chemicals
<input type="checkbox"/> Risk of electrical shock	<input type="checkbox"/> Risk of electrical shock	<input checked="" type="checkbox"/> Risk of electrical shock
<input type="checkbox"/> Flammable, combustible, and/or explosive materials	<input type="checkbox"/> Flammable, combustible, and/or explosive materials	<input checked="" type="checkbox"/> Flammable, combustible, and/or explosive materials
<input type="checkbox"/> Risk of radiation	<input type="checkbox"/> Risk of radiation	<input checked="" type="checkbox"/> Risk of radiation
<input type="checkbox"/> Vibration	<input type="checkbox"/> Vibration	<input checked="" type="checkbox"/> Vibration
<input type="checkbox"/> Biological hazards	<input type="checkbox"/> Biological hazards	<input checked="" type="checkbox"/> Biological hazards
<input type="checkbox"/> Confined spaces	<input type="checkbox"/> Confined spaces	<input checked="" type="checkbox"/> Confined spaces
<input type="checkbox"/> Work in or around traffic/public roadways	<input type="checkbox"/> Work in or around traffic/public roadways	<input checked="" type="checkbox"/> Work in or around traffic/public roadways
<input type="checkbox"/> Excavation	<input type="checkbox"/> Excavation	<input checked="" type="checkbox"/> Excavation
<input type="checkbox"/> Work in police, firefighting, or emergency rescue situations that may be life threatening to self or others	<input type="checkbox"/> Work in police, firefighting, or emergency rescue situations that may potentially be life threatening to self or others	<input checked="" type="checkbox"/> Work in police, firefighting, or emergency rescue situations that may potentially be life threatening to self or others
<input type="checkbox"/> Other :	<input type="checkbox"/> Other :	<input checked="" type="checkbox"/> Other : Work under stressful situations

**FURTHER DETAILS REGARDING WORK ENVIRONMENT:**

- Refer to Attachment A for a listing of potential hazards and required personal protective equipment.
- Employees may, at times, have to visit various departmental sites, at which time exposure to any of the above may occur.

Comments: Employees are required to properly wear/use Personal Protective Equipment as required by OSHA, policy, applicable regulation/procedure, or by directive of the supervisor.

**ATTACHMENT A:**

- REFER TO ATTACHMENT A FOR A LISTING OF POTENTIAL PHYSICAL AND WORK ENVIRONMENT HAZARDS, AND REQUIRED PERSONAL PROTECTIVE EQUIPMENT.
- Employees are required to properly wear/use Personal Protective Equipment as required by OSHA, applicable policy, regulation, procedure, and/or directive.
- Safety is the responsibility of EVERY employee. Employees are required to promptly report any potential physical, work environment, and ergonomic health/safety hazards to their supervisors; if it can be done safely and in a reasonable manner, employees are responsible for correcting such hazards themselves before they can cause injury or illness.
- Furthermore, after any necessary medical treatment has been obtained, employees are required to immediately report any work-related health and safety incidents to their supervisor.

**ATTACHMENT B:**

- REFER TO ATTACHMENT B FOR THE JOB TASK HEALTH ASSESSMENT FORM.
- In accordance with applicable policy and law, employees may be required to have their mental and/or physical health care provider, or one chosen by the City of Owensboro, complete and return this form to the City of Owensboro Personnel Department (and a copy to the employee's immediate supervisor). This enables us to determine the employee's ability to perform essential work functions.

**ATTACHMENT A**

**PERSONAL PROTECTIVE EQUIPMENT (PPE) WORKSITE  
HAZARD ASSESSMENT**

<p align="center"><b><u>A. POTENTIAL HAZARD/ INJURY:</u></b></p> <p align="center"><b>I. HEAD</b></p>	<p align="center">NO YES</p>	<p align="center"><b><u>B. REQUIRED PERSONAL PROTECTIVE EQUIPMENT (PPE)</u></b></p> <p align="center"><b>Ref. 29 CFR 1910.135 Head Protection</b></p>	<p align="center"><b><u>COMMENTS</u></b></p>
<p>1. Struck by:</p> <p>a. Falling Object</p> <p>b. Airborne Object</p> <p>c. Moving Object</p>	<p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p>	<p>1. Struck by:</p> <p>a. Type 2, Class B Helmet</p> <p>b. Type 2, Class B Helmet</p> <p>c. Type 2, Class B Helmet</p>	
<p>2. Hit Against</p>	<p><input type="checkbox"/> <input checked="" type="checkbox"/></p>	<p>2. Type 2, Class B Helmet</p>	
<p>3. Contact with Electrical current:</p> <p>a. Shock</p> <p>b. Burn</p>	<p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p>	<p>3. Electrical:</p> <p>a. Type 2, Class B Helmet &amp; Non-Metallic Glasses Frame</p> <p>b. Type 2, Class B Helmet &amp; FR Hood</p>	
<p>4. Temperature Extremes:</p> <p>a. Cold</p> <p>b. Heat</p>	<p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p>	<p>4. Temperature:</p> <p>a. Type 2, Class B Helmet with Winter FR Liner</p> <p>b. Type 2, Class B Helmet with Sweat Band</p>	
<p>5. Other:</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>5. Other:</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p>	

<u>A. POTENTIAL HAZARD/ INJURY:</u>  <b>II. EYES/FACE</b>	NO YES	<u>B. REQUIRED PERSONAL PROTECTIVE EQUIPMENT (PPE)</u>  <b>Ref. 29 CFR 1910.133 Eye and Face Protection</b>	<u>COMMENTS</u>
1. Airborne: a. Objects  b. Dust  c. Fumes	<input type="checkbox"/> <input checked="" type="checkbox"/>  <input type="checkbox"/> <input checked="" type="checkbox"/>  <input type="checkbox"/> <input checked="" type="checkbox"/>	1. Airborne: a. Safety Glasses with Sideshields, Goggles, or Faceshield b. Safety Glasses with Sideshields, Goggles, or Faceshield c. Non-Vented Goggles	
2. Flash: a. Welding b. Electrical c. UV	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	2. Flash: a. Filter Lenses b. Switching Glasses c. Tinted Lenses with UV Protection	
3. Chemical Splash	<input type="checkbox"/> <input checked="" type="checkbox"/>	3. Indirect Vented or Non-Vented Goggles	
4. Other: a. _____ b. _____ c. _____ d. _____ e. _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4. Other: a. _____ b. _____ c. _____ d. _____ e. _____	
<u>A. NOISE LEVEL:</u>  <b>III. EAR/AUDITORY</b>	NO YES	<u>B. REQUIRED PERSONAL PROTECTIVE EQUIPMENT (PPE)</u>  <b>Ref. 29 CFR 1910.95 Occupational Noise Exposure</b>	<u>COMMENTS</u>
1. Ambient level 85 dBa or above 2. Impact Noise 85 dBa or above 3. _____	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. Ear Plugs or Muffs with appropriate NRR 2. Ear Plugs or Muffs with appropriate NRR 3. _____	Potentially on Fire Scene
			<u>COMMENTS</u>

<u>A. POTENTIAL HAZARD/ INJURY:</u>  <b>IV. RESPIRATORY SYSTEM</b>	<b>NO YES</b>	<u>B. REQUIRED PERSONAL PROTECTIVE EQUIPMENT (PPE)</u>  <b>Ref. CFR 1910.134 Respiratory Protection</b>	
1. Oxygen Deficiency 2. Airborne Particles: a. Dusts (Coal, Lime, etc.) b. Fumes (Welding) c. Mists (Oils-Cutting, Hyd.) 3. Airborne Contaminants: a. Gases (H <sub>2</sub> S, SO <sub>2</sub> , etc.) b. Vapors (Solvents, Cleaners) 4. Combinations of 2 & 3 above: 5. Temperature Extremes: a. Cold b. Heat 6. Other: a. _____ b. _____	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. SCBA or Supplied Air Respirator 2. Confirm selection with your "Dept. Respirator Coordinator: a. Nuisance Dust Mask b. Check MSDS for proper Respirator per Mat'l. being welded. c. Check MSDS for proper Respirator per Material being used 3. Confirm selection with your "Dept. Respirator Coordinator" a. Check MSDS for proper Respirator per Material being used b. Check MSDS for proper Respirator per Material being used 4. Confirm selection with your "Dept. Respirator Coordinator: 5. Temperature: a. Cover mouth and nose b. S.C.B.A. 6. Other: a. _____ b. _____	
<p align="center"><b>CONTINUED ON NEXT PAGE.</b></p>	<b>NO YES</b>	<b>B. REQUIRED PERSONAL</b>	<u><b>COMMENTS</b></u>

<u>A. POTENTIAL HAZARD/ INJURY:</u>  <b>V. HANDS/ARMS</b>		<u>PROTECTIVE EQUIPMENT (PPE)</u>  <b>Ref. CFR 1910.138 Hand Protection</b>	
1.Cuts/Abrasions/ Punctures  2.Contact with Electrical current: a.Shock  b.Burn 3.Chemical Contact: a.Irritant  b.Corrosive  c.Toxic  4.Temperature Extremes: a.Cold b.Heat c.Welding 5.Biological Reactions: a.Plants (Poison Ivy) b.Insects (Stings/Bites) 6.Bodily Fluids/Blood 7.Cumulative Trauma  8.Other: a. _____ b. _____ c. _____ d. _____	<input type="checkbox"/> <input checked="" type="checkbox"/>  <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>  <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1.Gloves: Leather, Canvas, or Wire Mesh 2.Electrical:  a.Rubber Gloves/Sleeves/Hot-Stick b.Gloves/FR Clothing 3.Chemical: a.Gloves/Coveralls: (Suited for Chemical being used) b.Gloves/Coveralls: (Suited for Chemical being used) c.Gloves/Coveralls:(Suited for Chemical being used) 4.Temperature: a.Gloves/Clothing – in layers b.Gloves/Tools/FR Clothing c.Gloves/Jacket/FR Clothing 5.Biological: a.Gloves/Clothing/Barrier Creams b.Gloves/Clothing/Repellants 6.Gloves (BBP Kit) 7.Properly Designed Workstation/Armrest/etc. 8.Other: a. _____ b. _____ c. _____ d. _____	
<u>A. POTENTIAL HAZARD/ INJURY:</u>  <b>VI. TORSO</b>	NO YES	<u>B. REQUIRED PERSONAL PROTECTIVE EQUIPMENT (PPE)</u>	<u>COMMENTS</u>
1.Cuts/Abrasions/ Punctures  2.Contact with Electrical current:  a.Shock	<input type="checkbox"/> <input checked="" type="checkbox"/>  <input type="checkbox"/> <input checked="" type="checkbox"/>	1.Proper Clothing  2.Electrical:  a.Rubber Goods	

b.Burn  3.Chemical Contact: a.Irritant  b.Corrosive  c.Toxic  4.Temperature Extremes: a.Cold b.Heat c.Welding 5.Biological Reactions: a.Plants (Poison Ivy) b.Insects (Stings/Bites) 6.Over-exertions (Strains)  7.Cumulative Trauma  8.Other: a. _____ b. _____ c. _____ d. _____ e. _____	<input type="checkbox"/> <input checked="" type="checkbox"/>  <input type="checkbox"/> <input checked="" type="checkbox"/>  <input type="checkbox"/> <input checked="" type="checkbox"/>  <input type="checkbox"/> <input checked="" type="checkbox"/>  <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	b.FR Clothing/Rubber Goods/etc.  3.Chemical: a.Protective Clothing suited for type Chemical b.Protective Clothing suited for type Chemical c.Protective Clothing suited for type Chemical 4.Temperature: a.Insulated Clothing – in layers b.FR Clothing/Jacket/etc. c.Welding jacket 5.Biological: a.Clothing/Barrier Creams b.Clothing/Repellants 6.Proper Body Mechanics, Tools & assistance when needed  7.Proper Body Mechanics/Properly designed Workstation. 8.Other: a. _____ b. _____ c. _____ d. _____ e. _____	
<b><u>A. POTENTIAL HAZARD/ INJURY:</u></b>  <b><u>VII. LEGS/FEET</u></b>	<b>NO YES</b>	<b><u>B. REQUIRED PERSONAL PROTECTIVE EQUIPMENT (PPE)</u></b>  <b>Ref. CFR 1910.136 Foot Protection</b>	<b><u>COMMENTS</u></b>
1.Struck by: a.Falling Object  b.Moving Object  c.Airborne Object  2.Struck against  3.Cuts/Abrasions/ Punctures:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	1.Struck by: a.Safety Shoes with Impact resistant toe b.Safety Shoes with impact resistant toe and Proper Clothing c.Safety Shoes with Impact resistant toe and Proper Clothing 2.Safety Shoe with Impact resistant toe and Proper Clothing 3.Safety Shoe with Impact	

<p>4.Contact with Electrical current: a.Shock</p> <p>b.Burn</p> <p>5.Temperature Extremes: a.Cold</p> <p>b.Heat</p> <p>6.Chemical Contact: a.Irritant</p> <p>b.Corrosive</p> <p>c.Toxic</p> <p>7.Biological Reactions: a.Plants (Poison Ivy) b.Insects (Stings/Bites)</p> <p>8. Animal bites</p> <p>9.Cumulative Trauma</p> <p>10.Over-exertion (strains)</p> <p>11.Other: a. _____ b. _____</p>	<p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>resistant toe and Proper Clothing</p> <p>4.Electrical: a. Insulated Safety Shoes/Rubber Goods b. FR Clothing/Rubber Goods</p> <p>5. Temperature Extremes: a. Insulated Safety Shoes/Boots &amp; Insulated Clothing b. Heat resistant soled Safety Shoes/Leggings</p> <p>6.Chemical Contact: a. Protective Clothing &amp; Footwear suited for Chemical b. Protective Clothing &amp; Footwear suited for Chemical c. Protective Clothing &amp; Footwear suited for Chemical</p> <p>7.Biological: a. Clothing/Barrier Creams b. Clothing/Repellants</p> <p>8. Awareness/ Repellants/ Clothing</p> <p>9. Properly designed Workstation/Footrest/etc.</p> <p>10. Proper Body Mechanics, Tools &amp; assistance when needed</p> <p>11.Other: a. _____ b. _____</p>	
<p><b><u>A. POTENTIAL HAZARD/ INJURY:</u></b> <b><u>VII. WHOLE BODY</u></b></p>	<p><b>NO YES</b></p>	<p><b><u>B. REQUIRED PERSONAL PROTECTIVE EQUIPMENT (PPE)</u></b></p>	<p><b><u>COMMENTS</u></b></p>
<p>1.Cuts/Abrasions/ Punctures</p> <p>2.Contact with Electrical current: a.Shock b.Burn</p> <p>3.Chemical Contact:</p>	<p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p>	<p>1. Proper Clothing</p> <p>2.Electrical: a. Rubber Goods b. FR Clothing/Rubber Goods/etc.</p> <p>3.Chemical:</p>	

a.Irritant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	a.Protective Clothing suited for type of Chemical exposure	
b.Corrosive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b.Protective Clothing suited for type of Chemical exposure	
c.Toxic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c.Protective Clothing suited for type of Chemical exposure	
4.Temperature Extremes:			4.Temperature:	
a.Cold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	a.Insulated Clothing – in layers	
b.Heat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b.FR Clothing/Jacket/etc.	
c.Welding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c.Welding jacket	
5.Biological Reactions:			5.Biological:	
a.Plants (Poison Ivy)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	a.Clothing/Barrier Creams	
b.Insects (Stings/Bites)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b.Clothing/Repellants	
6.Over-exertions (Strains)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6.Proper Body Mechanics, Tools & assistance when needed	
7.Cumulative Trauma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7.Proper Body Mechanics/Properly designed Workstation.	
8.Suffocation by Engulfment:			8.Engulfment: (See Confined Space Policy)	
a.Liquid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	a.Fall Protection System/Life Jacket/etc.	
b.Granulated	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b.Fall Protection System	
9.Struck by: (Vehicle, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9.Traffic Vest/Barricades/Cones/etc.	
10.Slip/Trip/Fall:			10.Slip/Trip/Fall:	
a.To same level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	a.Anti-skid Shoe Soles	
b.To different level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b.Fall Protection System suited for Hazard, Job, Location, etc.	
11.Other:			11.Other:	
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	a. _____	
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	b. _____	

**ATTACHMENT B  
CITY OF OWENSBORO: JOB TASK HEALTH ASSESSMENT FORM**

For Position(s) of: Firefighter

**Employee's Name:** \_\_\_\_\_

**INSTRUCTIONS TO HEALTH CARE PROVIDER:** Below you will find duties, responsibilities, and work conditions required of the above named employee. If the employee is restricted from performing any of the following duties or from working under any of the following conditions, please specify each individual restriction in the designated area below, state the date such restriction(s) will be lifted, and state the date the employee may return to duty.

**PHYSICAL AND MENTAL DUTIES AND RESPONSIBILITIES; WORK ENVIRONMENT**

- Lift and/or move up to 100 pounds; Works in pairs. Two firefighters must be able to carry out a victim of 200 or more pounds; Wear protective clothing weighing approximately 50 lbs. (Clothing and one section of 3" uncharged hose weighs approximately 100 lbs.); Perform duties requiring the use of one section of charged 2-1/2" hose weighing approximately 105 lbs.; Perform duties requiring the use of one 100 ft. section of 5" hose weighing approximately 100 lbs.; Drag 150-200 lbs. up to 50 feet.
- Talk; Hear in person and via phone/radio;
- Sit; Stand; Walk
- Use hands to finger, handle, or feel (e.g., use pry tools, use a chain saw on roofs)
- Reach with hands and arms (e.g., pulling a ceiling down with a pike pole)
- Use vision to see close, distance, color, peripherally, depth perception, and/or ability to adjust focus (in various emergency, weather, and day/night time conditions)
- Climb (e.g., a ladder); Balance; Stoop (e.g., bend over to connect 3"-5" hose connections); Kneel; Crouch; Crawl (for prolonged periods)
- Operate/Drive a fire truck or other department vehicle in emergency response mode and high rate of speed
- Comprehend, Reason, Problem-Solve, Make Sound Decisions, and Exercise Sound Judgment for work involving: Firefighter, stressful situations, Public Safety
- Work environment may consist of: Fumes and/or airborne particles, moving mechanical parts, outside weather conditions (cold, hot, wet, humid, etc.), extreme cold and heat (non-weather), wet or humid conditions (non-weather), noise level usually moderate to very loud, high and precarious places, toxic and/or caustic chemicals, risk of electrical shock, flammable/combustible/explosive materials, risk of radiation, vibration, biological hazards, small confined spaces, work in and around traffic and public roadways
- Wear a breathing apparatus (SCBA); Wear a helmet as part of protective gear
- Taste; Smell

**Identify each restriction in detail, including date restriction is lifted:**

Restriction:	Date Lifted:
1. _____	____/____/____
2. _____	____/____/____
3. _____	____/____/____
4. _____	____/____/____
5. _____	____/____/____

*Please attach additional sheet if more space is needed.*

State the date Employee may return to duty if restrictions are accommodated: \_\_\_\_\_/\_\_\_\_/\_\_\_\_

State the date Employee may return to duty WITHOUT restrictions: \_\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Health Care Provider (Printed) \_\_\_\_\_

**EMPLOYEE:** Return completed form to the City Personnel Department, and give a copy to your immediate supervisor.