

ADA REQUIREMENTS

JOB TITLE: Marketing/PR Director

Requirement	Percent of hours per day performed.				
	0%	up to 25%	up to 50%	up to 75%	up to 100%
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bending	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squatting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach above Shoulder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing/Pulling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Weight to be lifted, carried, or moved:

Up to 10 pounds	<input type="checkbox"/>
Up to 25 pounds	<input type="checkbox"/>
Up to 50 pounds	<input checked="" type="checkbox"/>
Over 50 pounds	<input type="checkbox"/>

Hand Use:

Simple Grasping	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
Firm Grasping	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
Writing	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
Typing	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no

Personal Protective Equipment Required for the Job:

Respirator	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Safety Goggles	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Gloves	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Ear Plugs	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Safety Shoes	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Protective Apron	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no

Exposure to Chemicals:

Cleaning Solvents	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Paints	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Beauty Salon Supplies	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Swimming Pool Supplies	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Any other agents or cleaners	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no

Possible Exposure to:

Bloodborne Pathogens	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
Other Infections	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
Infectious waste	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no

Employee Signature: _____

Date: _____