

Supervisor Checklist for Health Assessments

UF Job Duties that Require a Health Assessment

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://uflorida.sharepoint.com/sites/ehs-occmed/Pages/INOP.aspx) (<https://uflorida.sharepoint.com/sites/ehs-occmed/Pages/INOP.aspx>). **WEC HR Staff will process INOP**
 - The Student Health Care Center will need the job duties from either #1 or #2 above before the health assessment is completed.

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- _____ [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

WEC EMPLOYEE APPOINTMENT REQUEST

Submit this completed form at least **two weeks prior** to the employee's planned start date. This ensures the employee is covered by Worker's Compensation and receives their paycheck timely. **UNDER NO CIRCUMSTANCES SHOULD AN EMPLOYEE BEGIN WORK BEFORE THE FEDERAL I9 EMPLOYMENT AUTHORIZATION (via Gatorstart) IS COMPLETE.**

APPOINTMENT TYPE: ___ OPS Non-Student ___ Student Assistant ___ Federal Work Study

Does this person hold another position with the University of Florida? ___ yes ___ no

If yes, provide Department(s) _____ and number of hours per week: _____

Name:	
UFID:	
Email Address:	
Funding Source: e.g. Project No.	
Start Date:	
End Date (tentative okay):	
Rate of Pay:	
FTE: e.g. 10 hrs/week	
Job Duties:	
Skills or qualifications:	
PCard Needed: If yes, complete application, submit WEC Fiscal	
Work hours start/stop and days e.g. 8am-5pm, M-F	
Work Location: Physical Address FL County e.g. Main Campus Non-Florida Out-of-State	
Work Phone:	

SUPERVISOR: _____ Email: _____

FACULTY PI | BUDGET AUTHORITY: _____ Date: _____
signature