

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
	Zip Code	
Telephone Number(s)	Social Security Number	

Best time to contact you at home is: _____:_____ AM
PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No
If Yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full Time (Please indicate 1 2 3 shift)
 Part Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available ___/___ - ___/___)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Three horizontal lines for writing specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Three horizontal lines for writing job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Two horizontal lines for listing professional, trade, business or civic activities and offices held.

ADDITIONAL INFORMATION

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience.*

Two horizontal lines for summarizing special job-related skills and qualifications.

SPECIALIZED SKILLS (Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Four horizontal lines for providing additional information.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

NAME: _____ POSITION: _____ DATE: ____/____/____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

Woodson Wholesale, Inc., Woodson Lumber & Hardware, Inc.,
Woodson Lumber Company Of Brenham, Inc.,
Woodson Lumber Company Of Caldwell, Inc., and
Woodson Lumber Company Of Lexington, Inc.

Substance Abuse & Prohibited Articles Policy

Notice to Applicants-Pre-Employment

Woodson Wholesale, Inc is firmly committed to maintaining a drug-free workplace. Consistent with that objective, we require all applicants accepted for employment to pass a drug test as part of our employment process, please be advised that all offers of employment are contingent upon satisfactory results of a drug screening test. All applicants who are considered for employment are required to sign a Drug Screening Consent Agreement authorizing the Company to have its designated laboratory perform the drug screening test. Applicants who refuse to sign the agreement will not be considered for employment. Those applicants who test positive for drug usage, or show evidence of adulteration, substitution, or dilution, will be denied employment with the Woodson Companies for a period of at least one (1) year, and the Company has no obligation to hire the applicant at any time subsequently.

I understand and agree that any offer of employment to me by any of the Woodson Companies (as Referenced above) is contingent upon the outcome of drug testing, to be arranged at Woodson's expense. I agree to supply a specimen of my urine for analysis as part of Woodson's drug screening program. I understand that if I fail to pass the pre-employment drug screen, e.g., if my urine specimen is positive for controlled substances or if my urine specimen shows any evidence of adulteration, substitution or dilution, I will be disqualified from further employment consideration with the Woodson Companies for at lease one year, and the Company retains the right to refuse employment at any time subsequently. I understand and agree that my failure or refusal to sign this Drug Screening Agreement or to provide said specimen for analysis at the time requested will also disqualify me from further consideration with the Woodson Companies.

Applicant Signature

Date

Print Name of Applicant

Witness Signature

Date

Print Name of Witness

Woodson Wholesale, Inc., Woodson Lumber & Hardware, Inc.,
Woodson Lumber Company Of Brenham, Inc.,
Woodson Lumber Company Of Caldwell, Inc., and
Woodson Lumber Company Of Lexington, Inc.

Substance Abuse & Prohibited Articles Policy

Drug Screening Consent/Pre-Employment

I agree to read and understand the Company's Substance Abuse & Prohibited Articles Policy and agree to be bound thereby for purposes of applying for, and if offered, accepting employment any of the Woodson Companies.

Specifically, I understand and agree to undergo substance (drug & alcohol) screening of my blood, urine, saliva, or otherwise for purposes of assuming employment. I further understand and agree that, once employed, upon reasonable suspicion, or if I am involved in an accident or safety incident where there is reasonable suspicion, I will be subject to further substance screening or face disciplinary consequences, up to and including loss of employment. I hereby authorize any Company Employee, Designated Physician, Laboratory, Hospital, or Medical Professional to conduct screening and provide the results thereof to the Company, and I release any such designated institution or person from liability therefore, including, but not limited to, claims of defamation.

I also understand and agree that, once employed, certain areas, such as my work area, desk, files, any Company Motor vehicle, my personal car, lunch box, wallet or purse, and outer clothing may be subject to search, without cause or on suspicion of substance possession, depending upon the circumstances, as set forth in this policy.

Applicant Signature

Date

Woodson Wholesale, Inc., Woodson Lumber & Hardware, Inc.,
Woodson Lumber Company Of Brenham, Inc.,
Woodson Lumber Company Of Caldwell, Inc., and
Woodson Lumber Company Of Lexington, Inc.

I hereby acknowledge and agree any offer of employment with the Woodson Companies is contingent upon my successfully passing the Pre-Employment Drug Screening and the Auto Insurability.

I Consent to the Woodson Companies obtaining my driving record strictly for Auto Insurability purposes.

Applicant Signature

Date

CERTIFICATION, RELEASE, AND
AUTHORIZATION FOR RELEASE OF INFORMATION

1. With this Certification, Release, and Authorization for Release of Information (this “**Release**”) I, the undersigned individual, hereby certify that the information provided on my application for employment with Woodson Wholesale, Inc., Woodson Lumber & Hardware, Inc., Woodson Lumber Company of Brenham, Inc., Woodson Lumber Company of Caldwell, Inc. and/or Woodson Lumber Company of Lexington, Inc. (collectively, the “**Company**”) is accurate to the best of my knowledge and subject to investigation and verification by Company. I authorize the Company and its agents and representatives to investigate and verify all information given and to secure additional employment-related information, both now and in the future if the Company hires me.

2. I acknowledge and understand that any misrepresentation or omission of a material fact, whether written or verbal, on my application, on any other documentation or communications in connection with my application for employment, including in interviews, may be cause for an adverse employment action against me, including rejection of my employment application, revocation of a conditional offer of employment, or if employed, dismissal without advance notice.

3. I hereby authorize any Third Party to provide any and all information that is requested by the Company for employment purposes. “**Third Party**” means individuals, businesses, groups, agencies, and other entities and their custodians of records, including, without limitation, current and former employers and supervisors, law enforcement agencies, public and private educational institutions, federal, state and local agencies and courts, credit bureaus and credit reporting agencies, consumer reporting agencies, information bureaus, financial institutions, licensing agencies, motor vehicle departments, governmental agencies, and the military. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. For current and former employers, this information may include information about my job performance, which means the manner in which I performed a position of employment and may include an analysis of my attendance at work, attitudes, effort, knowledge, behaviors, and skills.

4. TO THE MAXIMUM EXTENT PERMITTED BY LAW, AND IN ADDITION TO ANY IMMUNITY FROM CIVIL LIABILITY GRANTED UNDER APPLICABLE LAW, I HEREBY RELEASE AND HOLD HARMLESS ANY THIRD PARTY THAT RELEASES INFORMATION TO THE COMPANY PURSUANT TO THIS RELEASE FROM ANY AND ALL LIABILITY AND DAMAGES PROXIMATELY CAUSED BY OR ARISING OUT OF THEIR RELEASE OF INFORMATION AS DIRECTED BY THIS RELEASE.

5. TO THE MAXIMUM EXTENT PERMITTED BY LAW, I HEREBY RELEASE AND HOLD THE COMPANY HARMLESS FROM ANY AND ALL LIABILITY AND DAMAGES PROXIMATELY CAUSED BY OR ARISING OUT OF THE COMPANY’S INVESTIGATION OR VERIFICATION OF ALL EMPLOYMENT-RELATED INFORMATION PROVIDED BY ME OR A THIRD PARTY, THE COMPANY’S RELIANCE ON INACCURATE OR INCOMPLETE EMPLOYMENT-RELATED INFORMATION PROVIDED BY ME OR A THIRD PARTY, AND/OR THE COMPANY’S CONSIDERATION OF INACCURATE OR INCOMPLETE EMPLOYMENT-RELATED INFORMATION PROVIDED BY ME OR A THIRD PARTY IN TAKING AN ADVERSE EMPLOYMENT ACTION AGAINST ME.

6. The releases and waivers granted in this Release are knowing and voluntary, and are granted in exchange for the Company’s consideration of my application for employment and in consideration of the Third Party’s reliance on this Release in releasing such information. PROVIDED HOWEVER, AND NOTWITHSTANDING ANYTHING TO THE CONTRARY HEREIN, THIS RELEASE IS NOT INTENDED TO WAIVE OR RELEASE ANY RIGHTS I MAY HAVE UNDER APPLICABLE STATE OR FEDERAL LAW THAT, PURSUANT TO ITS TERMS, CANNOT BE WAIVED, NOR IS IT INTENDED TO WAIVE OR RELEASE THE COMPANY’S OR ANY OTHER PARTY’S NON-COMPLIANCE WITH THE FEDERAL FAIR CREDIT REPORTING ACT (FCRA), IF APPLICABLE. If any term or provision of this Release is held by any court of competent jurisdiction to be invalid, void, voidable or unenforceable, all remaining portions of this Release shall remain in full force and effect, and shall in no way be affected, impaired or invalidated.

Print

Sign

Date

Can you safely perform these functions?

Signature _____

Date _____

Job Analysis

Job Title: Inside Sales

Firm Name & Address: _____

Work Schedule (hours, days/week): Up to 40 hours per week Seasonal? Yes No

Physical Demands:

■ In an 8-hour day, employee required to:

(Please circle appropriate number.)

Sit	<u>1</u>	2	3	4	5	6	7	8
Stand	1	2	3	4	5	6	7	<u>8</u>
Walk	1	<u>2</u>	3	4	5	6	7	8
Drive	1	2	3	4	5	6	7	8

Indicate if activity is:

	<u>Intermittent</u>	<u>Continuous</u>
Sit	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stand	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Walk	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drive	<input checked="" type="checkbox"/>	<input type="checkbox"/>

■ Employee is required to lift/ carry: (Please Check as appropriate.)

	<u>Never</u>		<u>Occasionally</u>		<u>Frequently</u>		<u>Continuously</u>	
	Lift	Carry	Lift	Carry	Lift	Carry	Lift	Carry
0-10 lb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-25 lb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26-50 lb	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51-100 lb	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100+ lb	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

■ **Repetitive Motion:** Employee is required to use upper extremities for repetitive:

(Please check as appropriate.)

	<u>Simple Grasping</u>		<u>Firm Grasping</u>		<u>Fine Manipulation</u>		<u>Pushing and Pulling</u>	
Right	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Left	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Employee is required to use lower extremities for repetitive movement such as foot controls:

(Please check as appropriate.)

Right	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Left	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Employee is required to: (Please check as appropriate.)

	<u>Never</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Continuously</u>
	(0%)	(1-33%)	(34-66%)	(67-100%)
Balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Climb (Height: _____)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouch/ Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reach (Overhead: Yes or No)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Twist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Body Part: _____ Degrees: _____

■ **Environmental Conditions:** Inside: 90 % Outside: 10 % "May Vary"

Temp. Extremes Fumes Odors Dust Mist Ventilation Fans

Noise/Vibration: _____

Hazzards: _____

Machines, Tools, Equipment & Work Aids Used: _____

■ Analysis Performed By: Cameron McCuller

Reviewed by: (Manager) _____

Comments: _____

Can you safely perform these functions?

Signature _____

Date _____

Job Analysis

Job Title: Outside Worker

Firm Name & Address: Woodson Lumber Co.

Work Schedule (hours, days/week): Up to 40 hours per week Seasonal? Yes No

Physical Demands:

■ In an 8-hour day, employee required to:

(Please circle appropriate number.)

Sit	<u>1</u>	2	3	4	5	6	7	8
Stand	1	2	3	4	5	6	7	<u>8</u>
Walk	1	2	3	4	5	6	7	<u>8</u>
Drive	<u>1</u>	2	3	4	5	6	7	8

Indicate if activity is:

	<u>Intermittent</u>	<u>Continuous</u>
Sit	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stand	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Walk	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Drive	<input checked="" type="checkbox"/>	<input type="checkbox"/>

■ Employee is required to lift/ carry: (Please Check as appropriate.)

	<u>Never</u>		<u>Occasionally</u>		<u>Frequently</u>		<u>Continuously</u>	
	Lift	Carry	Lift	Carry	Lift	Carry	Lift	Carry
0-10 lb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-25 lb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26-50 lb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51-100 lb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100+ lb	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

■ Repetitive Motion: Employee is required to use upper extremities for repetitive:

(Please check as appropriate.)

	<u>Simple Grasping</u>		<u>Firm Grasping</u>		<u>Fine Manipulation</u>		<u>Pushing and Pulling</u>	
Right	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Left	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Employee is required to use lower extremities for repetitive movement such as foot controls:

(Please check as appropriate.)

Right	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Left	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Employee is required to: (Please check as appropriate.)

	<u>Never</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Continuously</u>
	(0%)	(1-33%)	(34-66%)	(67-100%)
Balance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb (Height: _____)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouch/ Squat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach (Overhead: Yes or No)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

■ Body Part: back, neck Degrees: 20-30 (driving forklifts)

■ Environmental Conditions: Inside: 5 % Outside: 95 % "May Vary"

Temp. Extremes Fumes Odors Dust Mist Ventilation Fans

Noise/Vibration: forklift driving

Hazzards: _____

Machines, Tools, Equipment & Work Aids Used: forklifts, banding machines, snips

■ Analysis Performed By: JMM

Reviewed by: (Manager) _____

Comments: _____