

SUPERVISORS STATEMENT OF WORK FOR PREGNANT EMPLOYEES <i>(This form is subject to the Privacy Act of 1974. Use blanket PAS, DD Form 2005.)</i>					DATE (YYYYMMDD)
NAME OF EMPLOYEE (Last, First, MI)		SSN	GRADE	AFSC	JOB TITLE
ORGANIZATION AND OFFICE SYMBOL	NAME OF DUTY SECTION		BUILDING NO.	ROOM NO.	DUTY PHONE NO.
CHEMICAL EXPOSURES (include anesthetic gases) ? <input type="checkbox"/> YES <input type="checkbox"/> NO					
CHEMICAL NAME	STOCK NO.	MANUFACTURER	AMOUNT/FREQUENCY/MANNER OR USE BY MEMBER		
Example: Acetone	6810001949477	Van Waters & Rogers	Approximately 2 oz are placed on a rag which is used to wipe surface of aircraft wing. Approx. 16		
IONIZING RADIATION EXPOSURE (X-ray exposure only):					<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, is employee enrolled in the monthly Thermoluminescent Dosimeter (TLD) program?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Explain duties: (Example: Student shoots 2 dozen radiographs daily for 5 days while enrolled in block IV of the training course):					
Heat/Cold Stress Exposure:					<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, are duties performed outdoors on a regular basis?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Explain duties: (Example: Member works on flightline 6 hours per day for three days during a 32 day course)					
Are duties performed indoors in hot or humid and/or cold area?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Explain duties: (Example: AGE Course or dining facilities)					

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About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

Physical/Ergonomic Stress

YES NO

If YES, explain duties involving lifting over 25 lbs, standing for greater than 2 hrs, excessive bending or working at heights (Example: Member unloads boxes of 50 to 75 lbs twice a week for approximately 1 hour at a time):

Personal Protective Equipment (PPE) and Administrative Controls

YES NO

Describe PPE actually used by member and the work processes involved (Example: Nitrite gloves, rubber apron and splash proof goggles are worn while using acetone):

DUTIES:

Describe member's routine duties (include duty hours worked per week) :

Describe member's additional duties:

NAME OF SUPERVISOR (Last, First, MI):

GRADE:

DUTY PHONE NO.:

SUPERVISORS SIGNATURE: