| **Section 2b** | | **Hazard Assessment Questionnaire** | | | |
| --- | --- | --- | --- | --- | --- |
| **Form 5** | |
| **OTHER SERVICES** | | | **N/A** | **YES** | **NO** |
| Does your employee(s) perform any of the following tasks: | | |
| 1 | Kitchen services, preparing food, cooking, baking, washing, etc. | | | YES | NO |
| 2 | Performs strictly only administrative duties from an office setting. | | | YES | NO |
| 3 | Perform work tasks in a metal or wood shop. | | | YES | NO |
| 4 | Work with or around powered machine or equipment with moving parts. | | | YES | NO |
| 5 | Other (*specify*): | | | YES | NO |
| 6 | Other (*specify*): | | | YES | NO |
| **Additional Comments:** | | | | | |
|  | | | | | |