| **Section 2b**  | **Hazard Assessment Questionnaire** |
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| **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:**  |
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