



Berkshire Hathaway
HOMESTATE COMPANIES

Workers Compensation Division®

Caution Zone Job Assessment Form

Prepared for you by BHHC Loss Control

BERKSHIRE HATHAWAY HOMESTATE INSURANCE COMPANY • BHHC SPECIAL RISKS INSURANCE COMPANY • CONTINENTAL DIVIDE INSURANCE COMPANY • CYPRESS INSURANCE COMPANY • OAK RIVER INSURANCE COMPANY • REDWOOD FIRE AND CASUALTY INSURANCE COMPANY

By making Loss Control visit(s), evaluations and/or recommendations, or providing safety materials, Berkshire Hathaway Homestate Companies and this Consultant have not and do not undertake or assume any duty to you or anyone else, including, but not limited to: A) Identifying or reporting upon any hazard at your premises; B) Managing, controlling, or correcting any hazard; or C) Enforcing compliance with any local, state, or federal safety or health law. Our recommendations or safety materials may not address every possible loss potential, code violation, or expectation to neither good practice nor will compliance with any submitted recommendations guarantee the fulfillment of your obligations as required by any local, state, or federal laws. Loss Control is your management's daily responsibility. You are urged to implement and maintain your safety and health management programs.

Caution Zone Checklist- Jobs with these activities can cause sprains and strains.

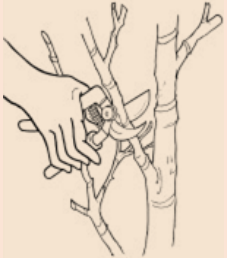
Movements or postures that are a regular part of the job occur more than one day per week and more frequently than one week per year.

Job:

Number Exposed
Staff:

Date:

Awkward Posture		Exposure Present	Comments/Observations	Number Exposed
1	 Working with the hand(s) above the head, or the elbow(s) above the shoulders more than 2 hours total per day.			
2	 Working with the neck or back bent more than 30 degrees (without support and without the ability to vary posture) more than 2 hours total per day.			
3	 Squatting for more than 2 hours total in one day			
4	 Kneeling for more than 2 hours total in one day			

High Hand Force		Exposure Present	Comments/Observations	Number Exposed
1		Pinching an unsupported object(s) weighing 2 pounds or more per hand, or pinching with a force of 4 pounds or more per hand, more than 2 hours total per day		
2		Gripping an unsupported object(s) weighing 10 pounds or more per hand, or gripping with a force of 10 pounds or more per hand, more than 2 hours total per day		

Highly Repetitive Motion		Exposure Present	Comments/Observations	Number Exposed
1		Repeating the same motion with the neck, shoulders, elbows, wrists, or hands with little or no variation every few seconds, more than 2 hours total per day.		
2		Performing intensive keying more than 4 hours total per day.		

Repeated Impact		Exposure Present	Comments/Observations	Number Exposed
1	 Using the hand (heel/base of palm) or knee as a hammer more than 10 times per hour, more than 2 hours total per day.			

Heavy / Frequent / Awkward Lifting		Exposure Present	Comments/Observations	Number Exposed
1	 Lifting objects weighing more than 70 pounds once per day or more than 55 pounds more than 10 times per day.			
2	 Lifting objects weighing more than 10 pounds if done more than twice per minute, or more than 2 hours total per day.			
3	 Lifting objects weighing more than 25 pounds above the shoulders, below the knees or at arm's length more than 25 times per day.			

Moderate to High Hand- Arm Vibration		Exposure Present	Comments/Observations	Number Exposed
1	 Using impact wrenches, carpet strippers, chain saws, percussive tools (e.g., jackhammers, scalers, riveting or chipping hammers) or other tools that typically have high vibration. levels, more than 30 minutes total in a day			
2	 Using grinders, sanders, jigsaws, or other hand tools that typically have moderate vibration more than 2 hours total per day.			