

**City of Round Rock
Human Resources Department
Risk Management
*Request for Protective Foot Wear Assessment Form***

Department

Department: _____ Division: _____

Summary of Division's operations: _____

Job Title: _____ Employee Name(s): _____

Examples of the employee's daily duties: _____

Potential exposures to workplace hazards: _____

Check the type of protective foot wear:

- Steel toed boots Non slip sole shoes Safety boots/shoes Other (RRPD &RRFD)

Supervisor's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Risk Management

This section to be completed by Risk Management

The review and evaluation of the employee's essential functions and the associated physical demands of the job revealed the following:

Identified hazard exposure to: _____

Recommendations: _____

Signed: _____, Risk Management Date: _____

After the assessment is done, this completed and signed form will be returned by Risk Management to the Department Director for further review and action.

