

Job Description

JOB TITLE: Enameler B	JOB CODE:
DEPT NAME: Glassing	FLSA STATUS : <input type="checkbox"/> EXEMPT <input checked="" type="checkbox"/> NON-EXEMPT
DATE CREATED/REVISE: Rev. 8/2022	

POSITION SUMMARY (General statement reflecting the overall purpose of the position.)
Applies all types of glass to vessels, columns, accessories and components using established De Dietrich procedures to assure a quality, cost efficient product.
POSITION QUALIFICATIONS
MINIMUM EDUCATION: High School Diploma or GED
PREFERRED EDUCATION:
MINIMUM EXPERIENCE: Experience working in a manufacturing/industrial environment.
PREFERRED EXPERIENCE: Two years of spray painting skills experience, and experience in Millroom operations a plus.
REQUIRED CERTIFICATIONS/LICENSURE :
PREFERRED CERTIFICATIONS/LICENSURE (e.g., CPR):
KNOWLEDGE, SKILLS AND ABILITIES REQUIRED: Good hand-to-eye coordination. Ability to perform dimensional measurements using a tape measure and perform routine mathematical calculations. Must be able to pass a pulmonary function test and be able to wear full face, cartridge-type and dust respirators. Must be able to sit, stand, walk, reach, climb, crouch, pull and use hands to grasp, feel or handle for extended periods of time. Must be able to enter vessels/columns through an eighteen inch opening and work within the confined space of the vessel. Good oral and written communication skills. Must be able to lift a minimum of thirty pounds. Must have normal/correctable vision in order to monitor the application of glass and inspect finished application. Familiarity with material handling equipment such as forklifts, overhead cranes and hand trucks. Ability to follow working, safety and housekeeping practices in accordance with established procedures.
PREFERRED KNOWLEDGE, SKILLS AND ABILITIES: Ability to work independently, or a part of a team, while adhering to established De Dietrich performance standards.
SUPERVISORY RESPONSIBILITIES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

DESCRIPTION OF PHYSICAL DEMANDS AND WORKING CONDITIONS

Essential job tasks or primary responsibilities which must be performed unaided or with the assistance of an accommodation. Check appropriate box for each of the following items to best describe the extent of the specific activity performed by the staff members in this position.

Technical/Motor Skills		Mental Abilities		Working Conditions	
Data Input / Typing	<input type="checkbox"/>	Calculations	<input checked="" type="checkbox"/>	Inside	<input checked="" type="checkbox"/>
Copying	<input type="checkbox"/>	Interpreting Numbers / Data	<input checked="" type="checkbox"/>	Outside	<input checked="" type="checkbox"/>
Speaking Clearly	<input checked="" type="checkbox"/>	Analyzing	<input type="checkbox"/>	Extreme Cold (non-weather)	<input type="checkbox"/>
Answering Telephones	<input type="checkbox"/>	Forecasting	<input type="checkbox"/>	Extreme Heat (non-weather)	<input checked="" type="checkbox"/>
Precise Manipulation	<input checked="" type="checkbox"/>	Assessing / Evaluating	<input type="checkbox"/>	Temperature Changes	<input checked="" type="checkbox"/>
Calibrating Equipment	<input checked="" type="checkbox"/>	Explaining / Teaching	<input checked="" type="checkbox"/>	Humidity	<input checked="" type="checkbox"/>
Reading	<input type="checkbox"/>	Synthesizing	<input type="checkbox"/>	Noise Level:	
		Attention to Detail	<input checked="" type="checkbox"/>	<i>Loud Noise</i>	<input type="checkbox"/>
		Memory	<input checked="" type="checkbox"/>	<i>Very Loud Noise</i>	<input checked="" type="checkbox"/>
Physical Requirements		Problem Solving / Reasoning	<input checked="" type="checkbox"/>	<i>Quiet</i>	<input type="checkbox"/>
Eye / Hand / Foot Coordination	<input checked="" type="checkbox"/>	Spatial / Form Perception	<input type="checkbox"/>	<i>Very Quiet</i>	<input type="checkbox"/>
Fingering / Fine Dexterity	<input checked="" type="checkbox"/>			<i>Moderate Noise</i>	<input type="checkbox"/>
Handling / Gripping/Squeezing	<input checked="" type="checkbox"/>	Sensory Requirements		Blood / Body Fluid/ Tissue	<input type="checkbox"/>
Transferring-Vertical/Horizontal	<input type="checkbox"/>	Ability to see:	<input checked="" type="checkbox"/>	Fumes / Odors	<input checked="" type="checkbox"/>
Lifting / Carrying	<input checked="" type="checkbox"/>	<i>No Special Requirements</i>	<input type="checkbox"/>	Toxic / Caustic Materials	<input checked="" type="checkbox"/>
<i>Sedentary</i>	<input type="checkbox"/>	<i>Close Vision</i>	<input checked="" type="checkbox"/>	Dust / Airborne Particles	<input checked="" type="checkbox"/>
<i>Light: 1-20 lbs.</i>	<input type="checkbox"/>	(clear vision at <20 inches)		Poor Ventilation	<input type="checkbox"/>
<i>Medium: 21-35 lbs.</i>	<input checked="" type="checkbox"/>	<i>Distance Vision</i>	<input checked="" type="checkbox"/>	Radiation	<input type="checkbox"/>
<i>Heavy >35 lbs. with assistance</i>	<input type="checkbox"/>	(clear vision at >20 feet)		Explosive Materials	<input type="checkbox"/>
Push / Pull	<input checked="" type="checkbox"/>	<i>Color Vision</i>	<input checked="" type="checkbox"/>	Dangerous Equipment	<input checked="" type="checkbox"/>
Climbing	<input checked="" type="checkbox"/>	(identify and distinguish colors)		Moving Mechanical Parts	<input checked="" type="checkbox"/>
Balancing	<input checked="" type="checkbox"/>	<i>Peripheral Vision</i>	<input checked="" type="checkbox"/>	Risk of Electrical Shock	<input checked="" type="checkbox"/>
Stooping/Bending	<input checked="" type="checkbox"/>	(ability to observe an area that		Exposure to Vibration	<input checked="" type="checkbox"/>
Kneeling	<input checked="" type="checkbox"/>	can be seen up and down or			<input type="checkbox"/>
Walking	<input checked="" type="checkbox"/>	to			
Sitting	<input checked="" type="checkbox"/>	the left and right while eyes are Fixed on a given point)		Travel	
Crouching / Squatting	<input checked="" type="checkbox"/>	<i>Depth Perception</i>	<input checked="" type="checkbox"/>	Local	<input checked="" type="checkbox"/>
Crawling	<input checked="" type="checkbox"/>	(three-dimensional vision: judge distances and spatial relationships)		Out of Town	<input type="checkbox"/>
Standing	<input checked="" type="checkbox"/>				
Holding	<input checked="" type="checkbox"/>				

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Physical Requirements		Sensory Requirements		OSHA Task Category	
Flexing / Positioning/ Twisting	<input checked="" type="checkbox"/>	<i>Ability to Adjust Focus</i> (adjust eye to bring an object into sharp focus)	<input checked="" type="checkbox"/>	At risk for exposure to blood borne pathogens (Category I)	<input type="checkbox"/>
Restraining	<input type="checkbox"/>			May have exposure to blood borne pathogens (Category II)	<input type="checkbox"/>
Repetitive Activity	<input checked="" type="checkbox"/>				
Reaching	<input checked="" type="checkbox"/>	Ability to hear	<input checked="" type="checkbox"/>	No intentional exposure to blood borne pathogens (Category III)	<input checked="" type="checkbox"/>
Speed Movement / Velocity	<input type="checkbox"/>	Ability to feel	<input checked="" type="checkbox"/>		
		Ability to taste / smell	<input type="checkbox"/>		
				List other:	

The above job description is not intended to be an exhaustive list of all responsibilities, duties, and skills required of the job but rather the minimum levels of knowledge, skills, and/or abilities to qualify for this position. The methods of fulfilling requirements are subject to possible modification to reasonably accommodate qualified individuals with disabilities. Some requirements, however, may exclude individuals who pose a direct threat or significant risk to the health and safety of themselves and others. Management retains the right to add or to change the duties of the positions at any time with or without notice.

I hereby acknowledge that I have read and understand the position qualifications, primary duties, physical requirements and working conditions and I agree to abide by this job description for as long as I am employed by De Dietrich Process Systems or until it has been revised or my job title changes. I further acknowledge that I have reviewed this job description with my supervisor and that I have been provided a copy of this document.

Employee Printed Name

Employee Number

Employee Signature

Date

Manager Signature

Date

As Applicable:

I have reviewed the tasks, physical and mental requirements identified in this job description with my patient. I authorize him/her to return to work under these conditions.

Physician's Signature

Date

THIS DOCUMENT DOES NOT CREATE AN EMPLOYEE CONTRACT, IMPLIED OR OTHERWISE. WE MAINTAIN AN "AT WILL" EMPLOYMENT RELATIONSHIP.