

## **Vitex Extrusion**

### ***Job Description***

Job Title: Packer Entry

Reports to: Shipping Manager

#### **I. JOB PURPOSE**

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To support the packing function of the production facility, moving and preparing quality extruded aluminum for shipment and to meet customer's expectations under full management supervision and direction.

#### **II. KEY ACCOUNTABILITIES/JOB FUNCTIONS**

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- Move and pack aluminum extrusions per customer specifications
- Visually inspect metal for defects
- Enter packed piece counts into Epics system
- Move extrusion using overhead cranes and/or forklift
- Miscellaneous projects and duties as assigned

#### **III. JOB QUALIFICATIONS**

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1. Educational Background (minimum level needed to perform) and/or Previous Work Experience (minimal level years and what kind)
  - H.S. diploma or equivalent
  - 1-3 years manufacturing experience preferred
2. Special Skills and Abilities (computer, language, interpersonal skills, etc.)
  - Must be able to read, write and possess basic math skills
  - Familiar with basic computer input
  - Ability to read and interpret blueprints
  - Good attendance, reliable work history
  - Desire to maintain a clean, organized work area with good housekeeping practices
  - Ability to communicate effectively displaying a positive attitude
  - Must be a team player
  - Ability to work safely and think safety
  - Ability to lift up to 50 pounds

## AMERICANS WITH DISABILITIES ACT REQUIREMENTS

### I. PHYSICAL DEMANDS

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1. Please identify how much on-the-job time is spent in the following physical activities by checking the appropriate boxes below:

Activity	Amount of Time Spent			
	None	Up to 1/3	1/3 to 2/3	2/3 or more
Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk or Hear	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Climb or balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoop, kneel, crouch, or crawl	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach with hands and arms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Taste or smell	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscular Strain	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Use hands to finger, feel or handle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carrying	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. Please identify how much weight this job requires the employee to lift and how often by checking the appropriate boxes below:

Weight Amount	Amount of Time Spent			
	None	Up to 1/3	1/3 to 2/3	2/3 or more
Up to 10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Up to 25 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Up to 50 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Up to 100 pounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 100 pounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please identify the vision requirements of the job by checking the appropriate boxes below:

<input checked="" type="checkbox"/>	Close Vision (clear vision at 20 inches or less)
<input checked="" type="checkbox"/>	Distance Vision (clear vision at 20 feet or more)
<input type="checkbox"/>	Color Vision (ability to identify and distinguish colors)
<input checked="" type="checkbox"/>	Peripheral Vision (ability to observe an area that can be seen up and down or to the left and right while eyes are fixed on a given point)
<input checked="" type="checkbox"/>	Depth Perception (3-dimensional vision, ability to judge distances and spatial relationships)
<input checked="" type="checkbox"/>	Ability to Adjust Focus (ability to adjust the eye to bring an object into sharp focus)
<input type="checkbox"/>	No Special Vision Requirements

## II. WORK ENVIRONMENT AND EXPOSURE

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1. Please identify the amount of time an employee is exposed to the following environmental conditions by checking the appropriate boxes below:

Environmental Condition	Amount of Time Spent			
	None	Up to 1/3	1/3 to 2/3	2/3 or more
Wet, humid conditions (non-weather)	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fumes or airborne particles	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor weather conditions	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme cold (non-weather)	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme heat (non-weather)	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Work near moving mechanical parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Work in high, precarious places	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic or caustic chemicals	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of electric shock	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with explosives	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of radiation	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vibration	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please identify how much noise is typical for the work environment of this job by checking the appropriate boxes below:

<input type="checkbox"/>	Very Quiet (Examples: forest trail, isolation booth for hearing test)
<input type="checkbox"/>	Quiet (Examples: library, private office)
<input type="checkbox"/>	Moderate Noise (Examples: business office with typewriters and/or computer printers, cubicle, light traffic)
X	Loud Noise (Examples: metal can manufacturing department, large earth-moving equipment)
<input type="checkbox"/>	Very Loud Noise (Examples: jack hammer work)