

PHYSICAL DEMANDS ANALYSIS

JOB ANALYSIS

EMPLOYEE _____ **JOB TITLE** _____

EMPLOYER: This form is to be completed by the employer. Please attach a formal copy of a physical demands analysis and/or a job description if available.

JOB DESCRIPTION

DUTIES:

Explain duties of this job and how much time each duty takes per week. (i.e. driving, packing, typing, assembly, etc...) Hours per week

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

MOBILITY:

	1	2	3	4	5	6	7	8	(Hours)
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

STRENGTH

In an 8 hour workday is the employee required to lift/carry (check appropriate ability):

- _____ In excess of 100 lbs. and frequently lift/carry 50 lbs.
- _____ 100 lbs. maximum and frequently lift/carry up to 50 lbs.
- _____ 50 lbs. maximum and frequently lift/carry up to 25 lbs.
- _____ 20 lbs. maximum and frequently lift/carry up to 10 lbs.
- _____ 10 lbs. maximum and occasionally carry small objects.

Note: In terms of an 8 hour workday
 "Occasionally" equals 0% to 33%.
 "Frequently" equals 34% to 66%
 "Continuously" equals 67% to 100%

MOST COMMON POSTURE AND DURATION

	Less than 15 min.	30 min.	1 hr.	2 – 4 hrs.	4 – 6 hrs.	6+ hrs.
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other _____

OCCASIONAL ACTIONS (actions which may be required from time to time but are not the primary posture or action when performing the job)

	Less than 10 times	More than 10 times.	Length of time in minutes during 8 hr. period.
Climbing	<input type="checkbox"/>	<input type="checkbox"/>	
Crouching	<input type="checkbox"/>	<input type="checkbox"/>	
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	
Running	<input type="checkbox"/>	<input type="checkbox"/>	
Twisting head	<input type="checkbox"/>	<input type="checkbox"/>	
Twisting back	<input type="checkbox"/>	<input type="checkbox"/>	
Stooping	<input type="checkbox"/>	<input type="checkbox"/>	
Jumping Kneeling Rushing	<input type="checkbox"/>	<input type="checkbox"/>	
Throwing	<input type="checkbox"/>	<input type="checkbox"/>	

Other _____

EQUIPMENT OR MACHINE HANDLING

Driving on/off work site <input type="checkbox"/>	Left hand controls <input type="checkbox"/>	Left foot control <input type="checkbox"/>
Driving on-site only <input type="checkbox"/>	Right hand controls <input type="checkbox"/>	Right foot control <input type="checkbox"/>

Other _____

SOCIAL CONDITIONS

Speaking directly to people <input type="checkbox"/>	Speaking to people by phone <input type="checkbox"/>	Reading/Writing <input type="checkbox"/>
Working with others <input type="checkbox"/>	Working around others <input type="checkbox"/>	Working with the public <input type="checkbox"/>
Working with violent/belligerent persons <input type="checkbox"/>	Advising, counseling and guiding others <input type="checkbox"/>	<input type="checkbox"/>

Other _____

GENERAL COMMENTS

RECORDED BY _____ DATE _____

POSITION _____ Job Description Attached _____ Yes _____ No _____



PHYSICAL DEMANDS ANALYSIS

COMPANY _____ SUPERVISOR _____
 ADDRESS _____ PHONE _____
 EMPLOYEE _____ WORK HOURS _____
 JOB TITLE _____
 JOB SUMMARY _____

Place a check mark in the box that describes the most applicable requirement of the job that the above employee occupied prior to his/her disability. More than one box may be used. Use the comments spaces in each group to clarify the situation or to describe other aspects of the job that you feel are not reflected by the boxes. Use the section at the end of the form for comments of a more general nature that you feel are necessary regarding the overall work or social conditions on the job. The form is intended strictly as a review of the physical aspect of the job to determine the extent of disability and/or employability of the employee. The form is not be used to describe the performance of the employee.

WORK CONDITIONS

ENVIRONMENT

- Inside
- Outside
- Extreme temperature
- Extreme noise
- Extreme vibrations
- Fumes
- Odors or dust
- Limited work space

HAZARDS

- Moving object/equipment
- Hot materials
- Chemical hazards
- Mechanical hazards
- Electrical hazards

WORK AREA SURFACES

- Slippery
- Elevated or heights
- Unfinished
- Hard (cement)
- Cold or humid
- Very wet

Other _____

HANDLING OF OBJECTS

- Requires both legs
- Requires both arms
- Requires on leg
- Requires on arm

- Objects smaller than 24 in.
- Objects larger than 24 in.
- Reaching above shoulder
- Limbs extend over 15 in.

- Requires use of fingers
- (picking, punching, etc.)

Other _____

MOVING OF OBJECTS, WEIGHT AND DISTANCE

	1-5 lbs.	5 – 10 lbs.	10 – 50 lbs.	50+ lbs.	1 – 25 ft.	25+ ft.
Pushing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other _____

Extreme Function:	Occasionally	Frequently	Continuously	Never
Simple Grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keyboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing/Pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating Foot Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend/Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach forward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach above shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach at shoulder height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Environmental Conditions:

Conditions:	YES	NO
Exposure to marked change in temperature and humidity:	<input type="checkbox"/>	<input type="checkbox"/>
Unprotected heights:	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to dust, fumes and gases:	<input type="checkbox"/>	<input type="checkbox"/>
Driving automotive equipment:	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS:

Please describe any light or modified duties that are available to the employee.

Print Name: _____ Signature: _____
Position: _____ Phone Number: _____ Date: _____