

JOB TITLE: _____

JOB DESCRIPTION:

Contact person if you might have any questions about this job description form:

			

Physical Demand Level

	<input type="checkbox"/> Sedentary	<input type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Heavy	<input type="checkbox"/> Very
Occasional Lift: 1-33%					
Frequent Lift: 34-66%					
Constant Lift: 67-100%					

Work Environment

Description	% time	Description	% time	Description	% time
<input type="checkbox"/> Extreme Hot		<input type="checkbox"/> Dustiness		<input type="checkbox"/> Below Ground	
<input type="checkbox"/> Extreme Cold		<input type="checkbox"/> Dampness		<input type="checkbox"/> Uneven Ground	
<input type="checkbox"/> Heated area		<input type="checkbox"/> Vibrations		<input type="checkbox"/> Fumes/Gases	
<input type="checkbox"/> Air Conditioned		<input type="checkbox"/> Unprotected Height		<input type="checkbox"/> Chemicals	
<input type="checkbox"/> Ventilated		<input type="checkbox"/> Protective Equipment		<input type="checkbox"/> Works with Others	
<input type="checkbox"/> Moving Vehicle		<input type="checkbox"/> Excessive Noise		<input type="checkbox"/> Works Alone	

Equipment and Tools

	Description	Frequency	Physical Demands
Equipment			
Tools			

Physical Demands

Activity	Hours Day	Continuous ↓ Intermittent	
Stand		<input type="checkbox"/> C	<input type="checkbox"/> I
Walk		<input type="checkbox"/> C	<input type="checkbox"/> I
Sit		<input type="checkbox"/> C	<input type="checkbox"/> I
Crouch		<input type="checkbox"/> C	<input type="checkbox"/> I
Stoop		<input type="checkbox"/> C	<input type="checkbox"/> I
Reach		<input type="checkbox"/> C	<input type="checkbox"/> I
Balance		<input type="checkbox"/> C	<input type="checkbox"/> I
Squat		<input type="checkbox"/> C	<input type="checkbox"/> I
Kneel		<input type="checkbox"/> C	<input type="checkbox"/> I
Crawl		<input type="checkbox"/> C	<input type="checkbox"/> I
Push		<input type="checkbox"/> C	<input type="checkbox"/> I
Pull		<input type="checkbox"/> C	<input type="checkbox"/> I

Activity	Hours Day	Continuous ↓ Intermittent	
Handle ↑ Shoulder		<input type="checkbox"/> C	<input type="checkbox"/> I
Handle ↓ Shoulder		<input type="checkbox"/> C	<input type="checkbox"/> I
Bend at Waist		<input type="checkbox"/> C	<input type="checkbox"/> I
Twist at Waist		<input type="checkbox"/> C	<input type="checkbox"/> I
Repetitive Hands		<input type="checkbox"/> C	<input type="checkbox"/> I
Fingering		<input type="checkbox"/> C	<input type="checkbox"/> I
Repetitive Feet		<input type="checkbox"/> C	<input type="checkbox"/> I
Climb Stairs		<input type="checkbox"/> C	<input type="checkbox"/> I
Climb Ladders		<input type="checkbox"/> C	<input type="checkbox"/> I
Tilt Head		<input type="checkbox"/> C	<input type="checkbox"/> I
Talk		<input type="checkbox"/> C	<input type="checkbox"/> I
Drive		<input type="checkbox"/> C	<input type="checkbox"/> I

Movement with weights:		Weight Amount:	
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Sensory Demands

Activity	Hours Day	Continuous ↓ Intermittent	
Feel		<input type="checkbox"/> C	<input type="checkbox"/> I
Hear		<input type="checkbox"/> C	<input type="checkbox"/> I
Taste/Smell		<input type="checkbox"/> C	<input type="checkbox"/> I
Near Acuity		<input type="checkbox"/> C	<input type="checkbox"/> I
Far Acuity		<input type="checkbox"/> C	<input type="checkbox"/> I

Activity	Hours Day	Continuous ↓ Intermittent	
Depth Perception		<input type="checkbox"/> C	<input type="checkbox"/> I
Color Vision		<input type="checkbox"/> C	<input type="checkbox"/> I
Field of Vision		<input type="checkbox"/> C	<input type="checkbox"/> I
Visual Accommodation		<input type="checkbox"/> C	<input type="checkbox"/> I
		<input type="checkbox"/> C	<input type="checkbox"/> I

Work Hours and Scheduled Breaks

Days	Hours	Breaks

Work Environment:

Job Modification Considerations:

Other