


**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
<b>Occasional Lift: 1-33%</b>					
<b>Frequent Lift: 34-66%</b>					
<b>Constant Lift: 67-100%</b>					

**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
<b>Equipment</b>			
<b>Tools</b>			

## Physical Demands

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

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

<b>Movement with weights:</b>		<b>Weight Amount:</b>	
-------------------------------	--	-----------------------	--

## Sensory Demands

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

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

**Work Hours and Scheduled Breaks**

<b>Days</b>	<b>Hours</b>	<b>Breaks</b>

**Work Environment:**

**Job Modification Considerations:**

**Other**