IWIF
8722 Loch Raven Blvd. Towson, MD 21286
410-494-2000
Loss Control Department

JOB ANALYSIS

Employee: _____ Job Title: _____ DOT No: _____

Employer:_____

Date of hire: _____ Date of job analysis: _____ Job analysis performed by:_____

Methodology Used: ❑ Observation/Interview ❑ Other - Explanation:_____

POSITION SUMMARY

1. Description of job: _____

_____

2. Essential tasks: _____

_____

3. Types of machines and equipment used: _____

_____

4. Jobs can be modified: Temporarily ❑ YES ❑ NO Permanently ❑ YES ❑ NO

If yes, please specify how: _____

_____

_____

_____

EDUCATIONAL & TRAINING REQUIREMENTS: _____

_____

_____

_____

_____

ENVIRONMENTAL CONDITIONS:

Primarily: ❑ Indoor work ❑ Outdoor work

Exposure to:

- ❑ Confined Spaces
- ❑ Electrical Shock
- ❑ Explosives
- ❑ Extreme Cold
- ❑ Extreme Heat
- ❑ Fumes/noxious odors/ dusts/mists/gases
- ❑ High Elevations
- ❑ Humid
- ❑ Moving Parts
- ❑ Noise
- ❑ Poor Ventilation
- ❑ Radiant Energy
- ❑ Slippery Surfaces
- ❑ Toxic Chemicals
- ❑ Uneven Surfaces
- ❑ Vibration
- ❑ Weather
- ❑ Wet
- ❑ Other _____

Length of work day: _____ No. of Days/Week: _____

Breaks: _____ Duration of each: _____ Meal Break Duration:_____

Work Schedule: _____

IWIF 8722 Loch Raven Blvd. Towson, MD 21286
410-494-2000
Loss Control Department

JOB ANALYSIS pg. 2

PHYSICAL DEMANDS:

N/P = Not Present ..... 0% of the time
R = Rarely ..... < 5% of the time
O = Occasional < 1/3 of work hours ..... 5-25% of the time
F = Frequent 1/3 to 2/3 of work hours ..... 25-75% of the time
C = Constant > 2/3 of work hours ..... 75% or more of the time

	N/P	R	O	F	C	Description/Narrative
1. Balancing						
2. Carrying*						
3. Climbing						
4. Crawling						
5. Crouching						
6. Driving						
7. Fingering						
8. Handling*						
9. Hearing						
10. Kneeling						
11. Lifting*						
12. Overhead Work						
13. Pulling*						
14. Pushing*						
15. Reaching						
16. Sitting						
17. Standing						
18. Stooping						
19. Talking						
20. Twisting						
21. Vision						
22. Walking						
23. Other						

* Please designate heaviest weight by frequency in appropriate column.

Employer: Date job is available: _____ Wage:_____ (per hour/week/year)

Comments:_____

_____

_____

Employer Signature_____ Date:_____

Physician I approve the attached job description. ❑ YES ❑ NO

If no, reasons for disapproval / recommended modifications: _____

_____

_____

_____

Physician Signature _____ Date:_____

Physician Name (please print) _____