

# Job Description and Requirements Page

\* This form is to be completed by the Employer:

Employee: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

**Occasionally:** Equals 1% to 33% of the day. **Frequency:** Equals 34% to 66% of the day. **Continuously:** Equals 67% to 100% of the day.

1. In an 8 hour day, Employee must: (Circle full capacity for each activity).

A.	Sit	1	2	3	4	5	6	7	8	(Hours per day)
B.	Stand	1	2	3	4	5	6	7	8	(Hours per day)
C.	Walk	1	2	3	4	5	6	7	8	(Hours per day)

2. Employee is required to

	Not at all	Occasionally	Frequently	Continuously
A. Bend / Stoop	_____	_____	_____	_____
B. Squat	_____	_____	_____	_____
C. Crawl	_____	_____	_____	_____
D. Climb Height	_____	_____	_____	_____
E. Reach above Shoulder	_____	_____	_____	_____
F. Crouch	_____	_____	_____	_____
G. Kneel	_____	_____	_____	_____
H. Balance	_____	_____	_____	_____
I. Push / Pull	_____	_____	_____	_____

3. Employee is required to carry:

Seldom: \_\_\_\_\_lb. Occasionally: \_\_\_\_\_lb. Frequently: \_\_\_\_\_lb. Continuously: \_\_\_\_\_lb.

4. Employee is required to lift:

Floor to Knuckle	Seldom	lb	Occasionally	lb	Frequently	lb	Continuously	lb
Knuckle to Shoulder	Seldom	lb	Occasionally	lb	Frequently	lb	Continuously	lb
Shoulder to Overhead	Seldom	lb	Occasionally	lb	Frequently	lb	Continuously	lb
Waist to Waist	Seldom	lb	Occasionally	lb	Frequently	lb	Continuously	lb

5. Employee is required to use hands for repetitive actions such as:

	Right		Left	
	Yes	No	Yes	No
Simple Grasping	Yes	No	Yes	No
Firm Grasping	Yes	No	Yes	No
Fine Manipulating	Yes	No	Yes	No

6. Employee required to:

Operate Machinery: \_\_\_\_\_Yes. \_\_\_\_\_No.

Drive Vehicle: \_\_\_\_\_Yes. \_\_\_\_\_No.

Job Title: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_