

JOB ANALYSIS

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| EMPLOYER | CLAIMANT | CLAIM NUMBER |
| JOB TITLE AND DESCRIPTION OF DUTIES | | |
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| 1. IN AN 8 HOUR DAY THE JOB REQUIRES: | NEVER | OCCASIONALLY (1-3 HOURS) | FREQUENTLY (3-5 HOURS) | CONTINUOUSLY (5-8 HOURS) |
|---|--------------------------|-----------------------------|---------------------------|-----------------------------|
| A. LIFTING — Sedentary Up to 10 lbs. maximum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Light Up to 20 lbs. maximum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medium Up to 50 lbs. maximum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heavy Up to 100 lbs. maximum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Heavy In excess of 100 lbs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. CARRYING — Sedentary Up to 10 lbs. maximum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Light Up to 20 lbs. maximum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medium Up to 50 lbs. maximum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heavy Up to 100 lbs. maximum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Heavy In excess of 100 lbs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 2. A. SITTING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. STANDING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. WALKING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. BENDING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. PUSHING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. PULLING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. TWISTING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. CLIMBING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. BALANCING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. STOOPING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K. KNEELING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L. CROUCHING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M. CRAWLING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N. REACHING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|---|------------------------------|------------------------------|------|-----------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|---|---------------------------------|-----|----|---|--|--|--|-------|------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 3. THE JOB REQUIRES USE OF HANDS FOR SUCH REPETITIVE ACTIVITIES AS: (Check the appropriate response) <table style="width:100%;"> <tr> <td></td> <td style="text-align: center;">RIGHT</td> <td style="text-align: center;">LEFT</td> </tr> <tr> <td>SIMPLE GRASPING</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>FINE MANIPULATION</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>PUSH/PULL</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> No</td> </tr> </table> | | RIGHT | LEFT | SIMPLE GRASPING | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | <input type="checkbox"/> No | FINE MANIPULATION | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | <input type="checkbox"/> No | PUSH/PULL | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | <input type="checkbox"/> No | 4. THE JOB REQUIRES: (Check the appropriate response) <table style="width:100%; margin-top: 10px;"> <tr> <td>OPERATING A MOTOR VEHICLE</td> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> </tr> <tr> <td>USING FEET TO OPERATE FOOT CONTROLS</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">RIGHT</td> <td style="text-align: right;">LEFT</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>WORKING AROUND MOVING MACHINERY</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>TOLERATING COLD/HOT EXTREMES</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>TOLERATING MARKED CHANGES IN TEMPERATURE AND/OR HUMIDITY</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>TOLERATING EXPOSURE TO DUST/FUMES/GASES</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | OPERATING A MOTOR VEHICLE | Yes | No | USING FEET TO OPERATE FOOT CONTROLS | | | | RIGHT | LEFT | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | WORKING AROUND MOVING MACHINERY | <input type="checkbox"/> | <input type="checkbox"/> | TOLERATING COLD/HOT EXTREMES | <input type="checkbox"/> | <input type="checkbox"/> | TOLERATING MARKED CHANGES IN TEMPERATURE AND/OR HUMIDITY | <input type="checkbox"/> | <input type="checkbox"/> | TOLERATING EXPOSURE TO DUST/FUMES/GASES | <input type="checkbox"/> | <input type="checkbox"/> |
| | RIGHT | LEFT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIMPLE GRASPING | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> No | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FINE MANIPULATION | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> No | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PUSH/PULL | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> No | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OPERATING A MOTOR VEHICLE | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| USING FEET TO OPERATE FOOT CONTROLS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | RIGHT | LEFT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WORKING AROUND MOVING MACHINERY | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOLERATING COLD/HOT EXTREMES | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOLERATING MARKED CHANGES IN TEMPERATURE AND/OR HUMIDITY | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOLERATING EXPOSURE TO DUST/FUMES/GASES | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. CAN JOB BE MODIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," specify | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Please print name and title of person completing Job Analysis: | Date |
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EMPLOYER TO COMPLETE FOLLOWING SECTION

| | | |
|---|----------------------|------|
| I have reviewed the above Job Analysis and am in agreement that it represents an accurate description of the physical demands required by this job. | Employer's Signature | Date |
|---|----------------------|------|

PHYSICIAN TO COMPLETE FOLLOWING SECTION

| | | |
|---|----------------------------|------|
| JOB APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No | PHYSICIAN'S COMMENTS _____ | |
| Physician's Name | Physician's Signature | Date |