

LIGHT DUTY JOB ANALYSIS / ESSENTIAL DEMANDS

Name: _____ Date: _____

Employer: _____ Department: _____

Job Title: _____ Soc. Sec. #: _____ Claim No.: _____

Supervisor (Name & Title): _____

Purpose of Department Work: _____

Essential Job Functions (machines, tool and equipment used): _____

Work Shift: _____ Days per week: _____

Overtime: _____ Location (City): _____

WORK POSTURE REQUIREMENTS

	N/A	1-25%	25-49%	50-74%	75-100%
Sitting	_____	_____	_____	_____	_____
Standing	_____	_____	_____	_____	_____
Walking	_____	_____	_____	_____	_____
Driving	_____	_____	_____	_____	_____
Bending (at waist)	_____	_____	_____	_____	_____
Crouching (squat)	_____	_____	_____	_____	_____
Kneeling	_____	_____	_____	_____	_____
Crawling	_____	_____	_____	_____	_____
Climbing	_____	_____	_____	_____	_____
Twisting	_____	_____	_____	_____	_____
Reaching	_____	_____	_____	_____	_____
Balancing	_____	_____	_____	_____	_____
Throwing	_____	_____	_____	_____	_____
Stretching	_____	_____	_____	_____	_____
Wrist Motion (repetition, flexion / rotation)	_____	_____	_____	_____	_____
Feet (foot pedals)	_____	_____	_____	_____	_____

CARRYING REQUIREMENTS

Items Carried: _____
Distance: _____ Times per Day: _____
How Carried: _____
Average Weight Carried: _____ # Times per Day: _____
Maximum Weight Carried: _____ # Times per Day: _____
Items Carried on Person: _____

LIFTING REQUIREMENTS

Items Lifted: _____ Times per Day: _____
Average Weight Lifted: _____ # Times per Day: _____
Maximum Weight Lifted: _____ # Times per Day: _____

LIFTING LEVELS / HEIGHTS

Floor Knee Waist Chest Overhead Times per Day _____

The heaviest weight lifted while either sitting or standing in one place weighs: _____ #
And the object's name is: _____.

PUSH / PULL REQUIREMENTS

Items Pushed: _____ Items Pulled: _____
Times per Day: _____ Times per Day: _____

ENVIRONMENTAL CONDITIONS

Inside / Outside	Power Equipment	Ventilation (good / poor)
Hot / Cold Temperatures	Electrical Hazard	Traffic Hazard
Wet	Chemical Hazard	Explosives
Humid	Noise	Stand on Concrete
Cramped Quarters	Vibration	Walk on Uneven Surfaces
Heights	Fumes / Odors	Dust
Moving Objects	Other	Works with Others / Alone

Will you be able to provide modified or alternative work to the injured worker?

Yes _____ No _____

Define proposed job description: _____

We will provide you with limitations and restrictions upon release from the treating physician.

Name of person completing this information sheet

Date this form was completed