



**Benchmark**  
ADMINISTRATORS

Benchmark Administrators, LLC  
P.O. Box 140577  
Boise, ID 83714  
Telephone: (208) 848-2020  
Toll free (800) 362- 5198  
Fax (208) 853-4076

**FULL 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