



JOB DESCRIPTION

EMPLOYEE _____ CLAIM# _____

EMPLOYER _____ CONTACT NAME/NUMBER _____

EMPLOYMENT: FULL P/TIME SHIFT 1 2 3 HOURS/DAY _____ OVERTIME _____

BREAKS __1__2__3 HOW LONG/TIME _____

LUNCH _____ HOW LONG/TIME _____

JOB TITLE _____ PURPOSE _____

FUNDAMENTAL JOB TASKS _____

EQUIPMENT NEEDED _____

LICENSE, EDUCATION OR CERTIFICATION _____

PHYSICAL DEMANDS

1. The heaviest object this employee lifts is called _____
It weighs _____ and this employee lifts it (how often) _____ from _____ in _____
2. The heaviest object this employee carries is called _____
It weighs _____ and it is carried _____ (how far) _____ (how often)
3. The heaviest object this employee pushes is called _____
It is pushed _____ (how far) _____ (how often)

Does this Employee ever (underline Y or N and give amount):

Action	Yes	No	How Often?	Action	Yes	No	How Often?
Walk				Crawl			
Sit				Reach out			
Stand				Reach overhead			
Climb stairs				Repetitively use feet			
Climb a ladder				Repetitively use hands			
Bend at waist				Grips with R L B Hands			Light/Med/Heavy?
Kneel				Other			

ENVIRONMENTAL CONDITIONS

Exposure to Weather: ___Extreme Cold ___Extreme Heat ___Wet and/or Humid

Intensity (1-low 5-high): ___Noise ___Fumes and Gases ___Vibration

EMPLOYEE SIGNATURE _____ DATE _____

EMPLOYER SIGNATURE _____ DATE _____

PHYSICIAN TO COMPLETE: This Employee MAY / MAY NOT perform this job as written starting on _____ (date).

PHYSICIAN SIGNATURE _____ DATE _____