

## REGULAR JOB DESCRIPTION

Job Title at Injury: \_\_\_\_\_ Worker Name: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Claim Number: \_\_\_\_\_  
 Date of Injury: \_\_\_\_\_

**Job Duties** (Be specific as possible breaking the job down into specific tasks performed and include the **% of time and \ frequency.**) Duties for all job tasks performed throughout the year should be included.

**Tools & Equipment Used:**

\_\_\_\_\_  
 \_\_\_\_\_

**Hours per Day/Week**

**Seasonal Work?**     **No**     **Yes**    **Duration:** \_\_\_\_\_

**ENDURANCE**

	Never	Seldom 1-5%	Occas. 6-33%	Freq. 34-66%	Continuous 67-100%	Total Hours At one time	Total Hours in a work day
Sitting							
Standing							
Walking							
Change Positions?							

**PHYSICAL REQUIREMENTS: (Enter actual maximum weight in pounds in the box)**

**Lifting:**

	Never	Seldom 1-5%	Occas. 6-33%	Freq. 34-66%	Continuous 67-100%
10-14 lbs					
15-20 lbs					
21-50 lbs					
51-75 lbs					
76 -100 lbs					
>100 lbs					

**Maximum # lifted by worker without assistance** \_\_\_\_\_

**If required, lifts over \_\_\_\_\_ # are performed with**  **two or more people**  
 **lift devices**

**Carrying:**

	Never	Seldom 1-5%	Occas. 6-33%	Freq. 34-66%	Continuous 67-100%
10-14 lbs					
15-20 lbs					
21-50 lbs					
51-75 lbs					
76 -100 lbs					
>100 lbs					

**Maximum # carried by worker without assistance** \_\_\_\_\_

**If required, carrying over \_\_\_\_\_ # is performed with two or more people or with lift devices.**

**Pushing/Pulling force to be exerted:**

	Never	Seldom 1-5%	Occas. 6-33%	Freq. 34-66%	Continuous 67-100%
10-14 lbs					
15-20 lbs					
21-50 lbs					
51-75 lbs					
76 -100 lbs					
>100 lbs					

**Maximum weight of object pushed/pulled by worker** \_\_\_\_\_  
**Distance:** \_\_\_\_\_ **Type of Surface (ie level, carpet, incline )** \_\_\_\_\_

	Never	Seldom 1-5%	Occas. 6-33%	Freq. 34-66%	Continuous 67-100%
Bend/Stoop					
Twist					
Crouch/squat					
Kneel					
Crawl					
Walk-Level surface					
Walk-Uneven surface					
Climb Steps					
Climb Ladder					
Work at heights					
Reach at or above Shoulder					
Reach below shoulder					
Use of Arms					
Use of Wrist					
Use of Hands					
Grasping/squeezing					
Operate foot controls					

**Environment:**  Inside \_\_\_\_\_ % of time  Outside \_\_\_\_\_ % of time  
 Temperature Extremes  Yes  No Vibration  Yes  No  
 Works on or around moving machinery or mechanical parts  Yes  No

**Personal Protective Equipment:**

Boots  Hardhat  Gloves  Glasses  Hearing  Other \_\_\_\_\_

**SIGNATURES**

**The information provided in this description, including strength and physical requirements, is based on observation of the job and is accurate to the best of my knowledge.**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer Representative(s):

Print Name	Title	Signature	Date

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

<b><u>For physician to complete:</u></b>	
Is this job appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Release: _____
If not released to regular work at this time, please provide an "ANTICIPATED" DATE: _____	
Physician's Signature _____	Date _____