

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%
1-10 lbs					
11-20 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%
1-10 lbs					
11-20 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%
1-10 lbs					
11-20 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: _____

<u>For physician to complete:</u>	
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 _____