



Job Analysis Form

Injured Worker: _____ Claim Number: _____

Employer: _____ Source: _____

Address: _____ Title: _____

City, State, ZIP _____ Phone #: _____

Job Title: _____

Job Summary: _____

Essential Functions:

Equipment, Machines, Tools and Vehicles Used:

Environmental Conditions:

Number of hours per day indoors: _____ Number of hours per day outdoors: _____

Exposures	Minimum	Moderate	Severe
Fumes/dust/gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Injured Worker: _____ Claim Number: _____

Job Title: _____

In an 8 hour workday, the employee is required to:

Action	0-3 Hours	3-5 Hours	5-8 Hours	Never	Comments/Conditions
Lift 0-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lift 11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lift 21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lift over 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carry 0-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carry 11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carry 51-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carry over 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Push	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grasp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

This job falls into the following category:

- Sedentary:** Lifting 10 lbs. maximum and occasionally lift/carry items, mostly 5-6 hours sitting.
- Light:** Lifting 20 lbs. maximum, frequently lift/carry up to 10 lbs., mostly 0-3 hours sitting.
- Medium:** Lifting 50 lbs. maximum, frequently lift/carry up to 25 lbs.
- Heavy:** Lifting 100 lbs. maximum and frequently lift/carry up to 50 lbs.
- Very Heavy:** Lifting over 100 lbs. and frequently lift/carry more than 50 lbs.

Completed by: _____

Date: _____

Approved by Physician: YES NO (please check one)

(If no, indicate on form which activities and/or physical demands are prohibited).

Physician: _____

Date: _____