

Sample - Job Demand Checklist

Physical Demands for the Employee's Current Job

Employee Name:	Department:
Date of Injury:	Claim #:
Position:	Level:

Section A: Write the Job Description

Job Description

Section B: Physical Demand Evaluation:

Activity	Partial Day	All Day	Number of Hours Per Day					
			0 – 1	2 – 3	4 – 5	6 – 7	8	>8
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section C: Lifting Evaluation

Weight	Frequency		Maximum Weigh/Exact lbs
0 – 5 lbs	<input type="checkbox"/> All Day	<input type="checkbox"/> Carrying	
5 – 10 lbs	<input type="checkbox"/> All Day	<input type="checkbox"/> Carrying	
10 – 20 lbs	<input type="checkbox"/> All Day	<input type="checkbox"/> Carrying	
20 – 30 lbs	<input type="checkbox"/> All Day	<input type="checkbox"/> Carrying	
30 – 40 lbs	<input type="checkbox"/> All Day	<input type="checkbox"/> Carrying	
40 – 50 lbs	<input type="checkbox"/> All Day	<input type="checkbox"/> Carrying	
50 – over	<input type="checkbox"/> All Day	<input type="checkbox"/> Carrying	

Section D: Other Physical Demands

Reaching over shoulder:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limited
Driving:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Occasional <input type="checkbox"/> Loading and Off loading
Pushing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	- Right hand <input type="checkbox"/> Left Hand <input type="checkbox"/>
Pulling:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	- Right hand <input type="checkbox"/> Left Hand <input type="checkbox"/>
Fine finger movement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	- Right hand <input type="checkbox"/> Left Hand <input type="checkbox"/>
Operate Machinery:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type: _____
Hand/Foot Controls:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Hand/eye repetitive:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	- Right hand <input type="checkbox"/> Left Hand <input type="checkbox"/>
Hearing/Noise Control:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Personal Protective Equipment Provided:			
Gloves	<input type="checkbox"/>	Dust Mask	<input type="checkbox"/>
Respirator	<input type="checkbox"/>	Eye Protection	<input type="checkbox"/>

Section E: Essential Job Functions – Key requirements to complete the job task.

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