

WORK DESCRIPTION

NAME _____ DATE _____

Job Title _____

Place of Employment _____

Hrs. Per Day of Work _____

Days Per Week of Work _____

*In terms of an eight-hour workday: “occasionally” means 1%-33%, “frequently” means 34%-66%, and “continuously” means 67%-100% of the days.

Please answer the following questions in regard to your daily job by marking an “X” in the appropriate box.

	Continuously	Frequently	Occasionally	Not At All
Forward bending of the neck.....				
mid back.....				
low back.....				
Backward bending of neck.....				
mid back.....				
low back.....				
Side bending of neck.....				
mid back.....				
low back.....				
Twisting of neck.....				
mid back.....				
low back.....				
Sitting.....				
Standing.....				
Walking.....				
Pushing/Pulling/Carrying.....				
Reaching above shoulder level.....				
Operate power tools (what type).....				
Operate a motor vehicle, crane, trailer, etc..				
Operate foot or hand levers.....				
Carry object with a partner.....				
Climbing.....				
Crouching.....				
Kneeling.....				
Squatting.....				
Crawling.....				
Balancing.....				
Lifting/Lowering/Carrying of: 1-10 lbs.....				
11-24 lbs....				
25-34 lbs....				
35-50 lbs....				
51-74 lbs....				
75-100 lbs...				

Is there repetitive use of hands involving:

	<u>Simple Grasping</u>	<u>Firm Grasping</u>	<u>Fine Manipulation</u>
Right Hand.....	() Yes () No	() Yes () No	() Yes () No
Left Hand.....	() Yes () No	() Yes () No	() Yes () No

Are you at present, able to work or lift without discomfort, pain, or restrictions: () Yes () No

Are you presently able to:

	<u>Very Heavy (Over 100 lbs)</u>	<u>Heavy (Up to 100 lbs)</u>	<u>Medium (Up to 50 lbs)</u>	<u>Light (Up to 20 lbs)</u>
Lift.....	() Yes () No	() Yes () No	() Yes () No	() Yes () No
Carry/Work with..	() Yes () No	() Yes () No	() Yes () No	() Yes () No

Do you lift from the: () Ground () Bench () Platform () Pallet Box

Do you have to bend over while doing any lifting: () Yes () No

Are you required to work on unprotected heights: () Yes () No

Are you required to be around moving machinery: () Yes () No

Are there any defects with your machinery: () Yes () No

Are you exposed to marked changes in temperature and humidity: () Yes () No

Are you exposed to: () Dust () Fumes () Gases

Is your work area: () Oily () Dirty () Slippery () Cluttered

Type of floor: () Rough () Smooth () Wood () Concrete () Steel () Level () Unlevel

Are you tired when you go home from work: () Yes () No

Date of last pre-employment spinal/physical examination: _____ . Place: _____ .

Doctor: _____

Have you ever applied for workmen's compensation benefits: () Yes () No

Date: _____ Reason: _____

Please describe you job duties, including any physical movements required to perform the job: _____

What part of your job activities do you believe cause you any problems: _____
