**Return-to-Work Program ** **Sample Description of**

Employee’s Job Duties

# EMPLOYEE INFORMATION

|  |  |
| --- | --- |
| **Employee Name** |  |
| **Address** |  |
| **City, State, Zip Code** |  |
| **Home Phone Number** | ( ) |
| **Job Title** |  |
| **Hours worked per day** |  |
| **Days worked per week** |  |

**EMPLOYER INFORMATION**

|  |  |
| --- | --- |
| **Name of Organization** |  |
| **Address** |  |
| **City, State, Zip** |  |
| **Business Phone Number** |  |

# JOB RESPONSIBILITIES

**Description of Job Responsibilities:**



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACTIVITY**  **(Hours per day)** | **NEVER**  **0 hours** | **OCCASIONALLY**  **Up to 3 hours** | **FREQUENTLY**  **3 - 6 hours** | **CONSTANTLY**  **6 - 8+ hours** |
| **Sitting** |  |  |  |  |
| **Walking** |  |  |  |  |
| **Standing** |  |  |  |  |
| **Bending (neck)** |  |  |  |  |
| **Bending (waist)** |  |  |  |  |
| **Squatting** |  |  |  |  |
| **Climbing** |  |  |  |  |
| **Kneeling** |  |  |  |  |
| **Crawling** |  |  |  |  |
| **Twisting (neck)** |  |  |  |  |
| **Twisting (waist)** |  |  |  |  |
| **Hand Use: Dominant hand (circle one): Right / Left** |  |  |  |  |
| **Is repetitive use of hand required?** |  |  |  |  |
| **Simple Grasping (right hand)** |  |  |  |  |
| **Simple Grasping (left hand)** |  |  |  |  |
| **Power Grasping (right hand)** |  |  |  |  |
| **Power Grasping (left hand)** |  |  |  |  |
| **Fine Manipulation (right hand)** |  |  |  |  |
| **Fine Manipulation (left hand)** |  |  |  |  |
| **Pushing & Pulling (right hand)** |  |  |  |  |
| **Pushing & Pulling (left hand)** |  |  |  |  |
| **Reaching above shoulder level** |  |  |  |  |
| **Reaching below shoulder level** |  |  |  |  |

Please indicate the daily Lifting and Carrying requirements of the job, and indicate the height the object is to be lifted from floor, table or overhead locations and the distance the object is to be carried:

**LIFTING**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pounds** | **Never 0 hours** | **Occasionally up to 3 hours** | **Frequently 3–6 hours** | **Constantly 6–8+ hours** | **Height** |
| **0-10** |  |  |  |  |  |
| **11-25** |  |  |  |  |  |
| **26-50** |  |  |  |  |  |
| **51-75** |  |  |  |  |  |
| **76-100** |  |  |  |  |  |
| **101+** |  |  |  |  |  |

**CARRYING**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pounds** | **Never 0 hours** | **Occasionally up to 3 hours** | **Frequently 3–6 hours** | **Constantly 6-8+ hours** | **Distance** |
| **0-10** |  |  |  |  |  |
| **11-25** |  |  |  |  |  |
| **26-50** |  |  |  |  |  |
| **51-75** |  |  |  |  |  |
| **76-100** |  |  |  |  |  |
| **101+** |  |  |  |  |  |

**Describe the heaviest item required to carry and the distance to be carried:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Does your job require the following?** | **NO** | **YES** | **If Yes – Briefly Describe** |
| **Driving cars, trucks, forklifts and other equipment?** |  |  |  |
| **Working around equipment and machinery?** |  |  |  |
| **Walking on uneven ground?** |  |  |  |
| **Exposure to extremes in temperature, humidity or wetness?** |  |  |  |
| **Exposure to dust, fumes or chemicals?** |  |  |  |
| **Working at heights?** |  |  |  |
| **Operation of foot controls or repetitive foot movement?** |  |  |  |
| **Use of special visual or auditory protective equipment?** |  |  |  |
| **Working with bio-hazards such as Blood borne pathogens, sewage, hospital waste, etc.** |  |  |  |

|  |  |
| --- | --- |
| **Employee Comments:** |  |
| **Employer’s Comments:** |  |
| **Employee’s Signature** |  |
| **Date** |  |
| **Employer’s Signature** |  |
| **Date** |  |

(10.15.12)

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