

Description of Job Duties

Employee Information

Employee Name	
Address	
City, State, Zip	
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:	
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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				

Description of Job Duties

Lifting and Carrying Requirements

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

Pounds	Never 0 hours	Occasionally Up to 3 hours	Frequently 3-6 hours	Consistently 6-8+ hours	Height
0-10					
11-25					
26-50					
51-75					
76-100					
101+					

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

Pounds	Never 0 hours	Occasionally Up to 3 hours	Frequently 3-6 hours	Consistently 6-8+ hours	Height
0-10					
11-25					
26-50					
51-75					
76-100					
101+					

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

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Indicate if your job requires the following	Yes	No	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: Bloodborne pathogens, sewage, hospital waste, etc.			

Employee Comments:

Employee Signature: _____ Date: _____

Employer Comments:

Employer Signature: _____ Date: _____