

PHYSICAL DEMANDS ANALYSIS

			Claim Number:		
Worker's Name: (Surname)	(Given Name)			(Initial)	
Job Title:			Date (Year / Month / Day)		
Employer's Name / Address and Telephone Number	er .				
Activities	How Often? Please Comment				
	Seldom (Not daily)	Frequent (1/3 - 2/3 of workday)	Continuous (> 2/3 of workday)	Never	
Must lift or carry on occasion					
up to 10lbs/4.5kg					
20lbs/9.1kg					
50lbs/23+kg					
100+lbs/45+kg					
Must push /pull objects					
50lbs/23kg			1111 11 20 20 20 20 20 20 20 20 20 20 20 20 20	-	
100lbs/45kg			-		
100+lbs/45+kg					
Must be able to climb ladders/poles					
Must use stairways					
Must operate self powered equipment					
Must drive a car					
Must drive a truck					
Must work standing					
Must work seated					
Must be able to walk					
50ft/15m					
300ft/90m					
longer distances on even surfaces					
longer distances on uneven surfaces					
Must be able to run					
Must be able to jump down					
Must be able to crawl					
Must be able to squat					
Must be able to kneel					
Must be able to look over both shoulders					
Must be able to work with arms above shoulders					
Must use both arms at full length					
Must do repetitive hand work					
Must use a keyboard					
Must use vibrating tools					
Must have full use of both hands					
Other					

Worker's Name: (Surname)	(Given Name)	(Initial)	Claim Number:		
Environment	How Often? Please Comment				
	Seldom (Not dally)	Frequent (1/3 - 2/3 of workday)	Continuous (> 2/3 of workday)	Never	
Must be able to work in a very hot environment	(Not daily)	(773 - 273 OF WORKLAY)	(>250 bi Workday)		
Must be able to work in cold/freezing environment					
Must work in confined spaces			×		
Must work at heights					
Must work in isolation (no co-workers present)					
Must wear respirator regularly					
Must wear respirator only in emergencies					
Other					
General Comments					
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