

JOB ANALYSIS

RE: Claimant:
Claim #:
GENEX #:
DOI:

Job Title: **D.O.T. Code:**
Department:

Employer:
Employer Contact/Job Title:
Job Site Address:
Telephone Number:

Date JA Conducted:

General Educational Requirements:

Special Training:

Certification/License:

Work Schedule

Days Worked per Week:
Hours/Shift:
Overtime:
Breaks:
Meals:
Wage:
Union Affiliation:

Job Description

Product/Service:
General Description:

Machines, Tools, Equipment & Work Aids Used:

Typical Duties/Description of Tasks:

Physical Demands

I. In an 8 hour workday, employee:

Activity	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours	7 hours	8 hours
A. Sits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Stands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Walks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

II. Lifting: To exert strength necessary to move objects one level to another.

Employee Lifts:	Never (0%)	Occasionally (1% - 33%)	Frequently 34% - 66%	Continuous (67% - 100%)
A. Up to 10 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. 11 to 24 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. 25 to 34 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. 35 to 50 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. 51 to 74 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. 75 to 100 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

III. Carrying: While walking, to hold or rest weight directly on hands, arms, shoulders or back.

Employee carries:	Never (0%)	Occasionally (1% - 33%)	Frequently 34% - 66%	Continuous (67% - 100%)
A. Up to 10 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. 11 to 24 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. 25 to 34 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. 35 to 50 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. 51 to 74 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. 75 to 100 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

IV. Pushing/Pulling: To exert force on or against an object to move it away or bring it close.

Employee Pushes/Pulls:	Never (0%)	Occasionally (1% - 33%)	Frequently 34% - 66%	Continuous (67% - 100%)
A. Up to 10 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. 11 to 24 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. 25 to 34 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. 35 to 50 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. 51 to 74 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. 75 to 100 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

V. Employee uses hand for repetitive action such as:

	Simple Grasping		Firm Grasping		Fine Manipulation	
A. Right	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Left	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments:

VI. Employee uses feet for repetitive movements as in operating foot controls:

Right	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Left	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Both	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Comments:

VII. Employee does:	Not at All (0%)	Occasionally (1% - 33%)	Frequently (34% - 66%)	Continuous (67% - 100%)
A. Bend/Stoop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

VIII. Environmental Conditions:

	Not at All (0%)	Occasionally (1% - 33%)	Frequently (34% - 66%)	Continuous (67% - 100%)
A. Inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Exposure to Weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Extreme Cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Extreme Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Wet and/or Humid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Vibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Atmospheric Conditions (fumes, noxious odors, dust, mist, gases, poor ventilation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Hazards (moving parts, electrical shock, high, exposed places, radiant energy, explosives, toxic chemicals, other hazards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

VIII: Other Pertinent Information:

X. Can this position be modified or redesigned? Yes No

If Yes, describe modifications:

Prepared by:

(Name/Title/Credentials)

Date Prepared:

Reviewed by Employer:

Employer Comments:

Employer Signature: _____ Date:

Reviewed by Employee:

Employee Comments:

Employee Signature: _____ Date: