S&C Claims Services
SUPERIOR & COMPREHENSIVE

10421 S. Jordan Gateway Blvd. #400
South Jordan, UT 84095

Main - (801) 268-0195
Toll Free - (888) 281-0045
Fax - (801) 255-0849

FULL DUTY
JOB ANALYSIS / ESSENTIAL DEMANDS

Name: _____ **Date:** _____

Employer: _____ **Department:** _____

Job Title: _____ **Soc. Sec. #:** _____ **Claim No.:** _____

Supervisor (Name & Title): _____

Purpose of Department Work: _____

Essential Job Functions (machines, tool and equipment used): _____

_____

Work Shift: _____ **Days per week:** _____

Overtime: _____ **Location (City):** _____

WORK POSTURE REQUIREMENTS

	N/A	1-25%	25-49%	50-74%	75-100%
Sitting					
Standing					
Walking					
Driving					
Bending (at waist)					
Crouching (squat)					
Kneeling					
Crawling					
Climbing					
Twisting					
Reaching					
Balancing					
Throwing					
Stretching					
Wrist Motion (repetition, flexion / rotation)					
Feet (foot pedals)					

CARRYING REQUIREMENTS

Items Carried: _____

Distance:_____ **Times per Day:**_____

How Carried: _____

Average Weight Carried:_____# **Times per Day:**_____

Maximum Weight Carried:_____# **Times per Day:**_____

Items Carried on Person: _____

LIFTING REQUIREMENTS

Items Lifted:_____ **Times per Day:** _____

Average Weight Lifted:_____# **Times per Day:**_____

Maximum Weight Lifted:_____# **Times per Day:**_____

LIFTING LEVELS / HEIGHTS

Floor Knee Waist Chest Overhead Times per Day_____

The heaviest weight lifted while either sitting or standing in one place weighs:_____#

And the object's name is:_____.

PUSH / PULL REQUIREMENTS

Items Pushed:_____ **Items Pulled:** _____

Times per Day: _____ **Times per Day:** _____

ENVIRONMENTAL CONDITIONS

Inside / Outside	**Power Equipment**	**Ventilation (good / poor)**
Hot / Cold Temperatures	**Electrical Hazard**	**Traffic Hazard**
Wet	**Chemical Hazard**	**Explosives**
Humid	**Noise**	**Stand on Concrete**
Cramped Quarters	**Vibration**	**Walk on Uneven Surfaces**
Heights	**Fumes / Odors**	**Dust**
Moving Objects	**Other**	**Works with Others / Alone**

Will you be able to provide modified or alternative work to the injured worker?

Yes_____ **No**_____

Define proposed job description: _____

_____

We will provide you with limitations and restrictions upon release from the treating physician.

_____ _____

Name of person completing this information sheet **Date this form was completed**