



3601 N. University Ave., Suite 200  
Provo, UT 84604

Phone—(866) 221-3110  
Toll Free—(800) 362-5198  
Fax—(801) 623-6035

## LIGHT 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**