



JOB ANALYSIS

Employee: _____ Job Title: _____ DOT No: _____

Employer: _____

Date of hire: _____ Date of job analysis: _____ Job analysis performed by: _____

Methodology Used: Observation/Interview Other - Explanation: _____

POSITION SUMMARY

1. Description of job: _____

2. Essential tasks: _____

3. Types of machines and equipment used: _____

4. Jobs can be modified: Temporarily YES NO Permanently YES NO

If yes, please specify how: _____

EDUCATIONAL & TRAINING REQUIREMENTS: _____

ENVIRONMENTAL CONDITIONS:

Primarily: Indoor work Outdoor work

- | | | |
|--|---|--|
| <input type="checkbox"/> Confined Spaces | <input type="checkbox"/> High Elevations | <input type="checkbox"/> Slippery Surfaces |
| <input type="checkbox"/> Electrical Shock | <input type="checkbox"/> Humid | <input type="checkbox"/> Toxic Chemicals |
| <input type="checkbox"/> Explosives | <input type="checkbox"/> Moving Parts | <input type="checkbox"/> Uneven Surfaces |
| <input type="checkbox"/> Extreme Cold | <input type="checkbox"/> Noise | <input type="checkbox"/> Vibration |
| <input type="checkbox"/> Extreme Heat | <input type="checkbox"/> Poor Ventilation | <input type="checkbox"/> Weather |
| <input type="checkbox"/> Fumes/noxious odors/
dusts/mists/gases | <input type="checkbox"/> Radiant Energy | <input type="checkbox"/> Wet |
| | | <input type="checkbox"/> Other _____ |

Length of work day: _____ No. of Days/Week: _____

Breaks: _____ Duration of each: _____ Meal Break Duration: _____

Work Schedule: _____



PHYSICAL DEMANDS:

- N/P** = Not Present 0% of the time
- R** = Rarely < 5% of the time
- O** = Occasional < 1/3 of work hours 5-25% of the time
- F** = Frequent 1/3 to 2/3 of work hours 25-75% of the time
- C** = Constant > 2/3 of work hours 75% or more of the time

	N/P	R	O	F	C	Description/Narrative
1. Balancing						
2. Carrying*						
3. Climbing						
4. Crawling						
5. Crouching						
6. Driving						
7. Fingering						
8. Handling*						
9. Hearing						
10. Kneeling						
11. Lifting*						
12. Overhead Work						
13. Pulling*						
14. Pushing*						
15. Reaching						
16. Sitting						
17. Standing						
18. Stooping						
19. Talking						
20. Twisting						
21. Vision						
22. Walking						
23. Other						

* Please designate heaviest weight by frequency in appropriate column.

Employer: Date job is available: _____ Wage: _____ (per hour/week/year)

Comments: _____

Employer Signature _____ Date: _____

Physician I approve the attached job description. YES NO

If no, reasons for disapproval / recommended modifications: _____

Physician Signature _____ Date: _____

Physician Name (please print) _____