

# Job Description Checklist

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

General Description of Job: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Hours Worked: Max Hrs Per Day \_\_\_\_\_ Per Week \_\_\_\_\_  
Avg Hrs Per Day \_\_\_\_\_ Per Week \_\_\_\_\_

2. Circle the number of hours total for each activity:

Sit	<1	1	2	3	4	5	6	7	8	>8
Stand	<1	1	2	3	4	5	6	7	8	>8
Walk	<1	1	2	3	4	5	6	7	8	>8
Stand/Walk	<1	1	2	3	4	5	6	7	8	>8

3. Check the most appropriate for this job to Lift/Carry:

	Never	Occasional (1-33%)	Frequent (34-66%)	Constant (67-100%)
<b>A. Lift</b>				
Up to 10#	_____	_____	_____	_____
11-25#	_____	_____	_____	_____
26-35#	_____	_____	_____	_____
36-50#	_____	_____	_____	_____
51-75#	_____	_____	_____	_____
76-100#	_____	_____	_____	_____
100-125#	_____	_____	_____	_____
<b>B. Carry</b>				
Up to 10#	_____	_____	_____	_____
11-25#	_____	_____	_____	_____
26-35#	_____	_____	_____	_____
36-50#	_____	_____	_____	_____
51-75#	_____	_____	_____	_____
76-100#	_____	_____	_____	_____
100-125#	_____	_____	_____	_____

What is lifted? \_\_\_\_\_ Size? \_\_\_\_\_

From what level lifted? \_\_\_\_\_ To what level? \_\_\_\_\_

What is carried? \_\_\_\_\_ Size? \_\_\_\_\_

What distance carried? \_\_\_\_\_

4. Check most appropriate for this job:

	Never	Occasional (1-33%)	Frequent (34-66%)	Constant (67-100%)
Bend	_____	_____	_____	_____
Twist	_____	_____	_____	_____
Crawl	_____	_____	_____	_____
Climb	_____	_____	_____	_____
Overhead Reach	_____	_____	_____	_____
Push/Pull	_____	_____	_____	_____
Drive	_____	_____	_____	_____
<b>A. Hand Functions</b>				
Fine Manipulation	_____	_____	_____	_____
Heavy Grasp	_____	_____	_____	_____
<b>B. Foot Function</b>				
Operation of Foot controls	_____	_____	_____	_____

5. Check most appropriate environment (more than one if needed):

\_\_\_\_\_ Exposed to Weather                      \_\_\_\_\_ Fumes/Dust  
\_\_\_\_\_ Unprotected heights                      \_\_\_\_\_ Loud Noise  
\_\_\_\_\_ Inside temperature extremes  
\_\_\_\_\_ Other, Explain: \_\_\_\_\_

6. Please provide any additional comments or details not listed on this form:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employer Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Work Kare Representative Signature

\_\_\_\_\_  
Date

