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

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

	Never	Occasional (1-33%)	Frequent (34-66%)	Constant (67-100%)
A. Lift				
Up to 10#	_____	_____	_____	_____
11-25#	_____	_____	_____	_____
26-35#	_____	_____	_____	_____
36-50#	_____	_____	_____	_____
51-75#	_____	_____	_____	_____
76-100#	_____	_____	_____	_____
100-125#	_____	_____	_____	_____
B. Carry				
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	_____	_____	_____	_____
A. Hand Functions				
Fine Manipulation	_____	_____	_____	_____
Heavy Grasp	_____	_____	_____	_____
B. Foot Function				
Operation of Foot controls	_____	_____	_____	_____

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

_____ Exposed to Weather

_____ Unprotected heights

_____ Inside temperature extremes

_____ Fumes/Dust

_____ Loud Noise

_____ Other, Explain: _____

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

_____

_____

_____

_____ _____

Employer Representative Signature Date

_____ _____

Work Kare Representative Signature Date

WILLIS-KNIGHTON
WORK KARE
OCCUPATIONAL PROVIDER NETWORK