

SAMPLE FORM

Physical Requirements and Working Conditions Checklist

Instructions: Check all abilities required to perform the essential and marginal tasks of this job.

<input type="checkbox"/> Heavy Lifting, 45 lbs. to 70 lbs. <input type="checkbox"/> Moderate lifting, 15-44 lbs. <input type="checkbox"/> Light lifting, under 15 lbs. <input type="checkbox"/> Heavy carrying, 45-70 lbs. <input type="checkbox"/> Moderate carrying, 15-45 lbs. <input type="checkbox"/> Light carrying, under 15 lbs. <input type="checkbox"/> Straight pulling <input type="checkbox"/> Pulling hand over hand <input type="checkbox"/> Repeated bending <input type="checkbox"/> Reaching above shoulder <input type="checkbox"/> Simple grasping <input type="checkbox"/> Dual simultaneous grasping	<input type="checkbox"/> Walking <input type="checkbox"/> Standing <input type="checkbox"/> Sitting <input type="checkbox"/> Crawling <input type="checkbox"/> Twisting <input type="checkbox"/> Kneeling <input type="checkbox"/> Pushing <input type="checkbox"/> Stooping <input type="checkbox"/> Climbing stairs <input type="checkbox"/> Climbing ladders <input type="checkbox"/> Operating mechanical equipment	<input type="checkbox"/> Operating Office equipment <input type="checkbox"/> Operating a motor vehicle <input type="checkbox"/> Ability to see <input type="checkbox"/> Ability to hear w/w/o aid <input type="checkbox"/> Ability to write <input type="checkbox"/> Ability to count <input type="checkbox"/> Ability to read <input type="checkbox"/> Ability to tell time
Other (Specify)		

Instructions: Check all work site and environmental conditions that apply to this job.

<input type="checkbox"/> Travel by car 50% of the time <input type="checkbox"/> Travel by van 10% of the time <input type="checkbox"/> Travel by bus ___% of the time <input type="checkbox"/> Travel by plane ___% of the time <input type="checkbox"/> Outside <input type="checkbox"/> Inside <input type="checkbox"/> Excessive heat <input type="checkbox"/> Excessive cold <input type="checkbox"/> Excessive humidity <input type="checkbox"/> Excessive dampness/chill <input type="checkbox"/> Dry atmosphere <input type="checkbox"/> Excessive noise/intermittent	<input type="checkbox"/> Constant noise <input type="checkbox"/> Silica, asbestos, etc. <input type="checkbox"/> Fumes, smoke or gases <input type="checkbox"/> Dust <input type="checkbox"/> Grease and oils <input type="checkbox"/> Solvents <input type="checkbox"/> Radiant/electrical energy <input type="checkbox"/> Slippery/uneven walking surfaces <input type="checkbox"/> Working around machines with moving parts and moving objects <input type="checkbox"/> Performing tasks which involve repetitive movements	<input type="checkbox"/> Working around moving objects or vehicles <input type="checkbox"/> Working below ground <input type="checkbox"/> Working on ladders or scaffolding <input type="checkbox"/> Working with hands in water <input type="checkbox"/> Working closely with others <input type="checkbox"/> Working alone <input type="checkbox"/> Working long or irregular hours <input type="checkbox"/> Vibration
Other (Specify)		