

POSITION TITLE:

JOB SUMMARY



DEPARTMENT:

REPORTS TO:

WRITTEN BY:

HR APPROVAL BY:

DATE:

SALARIED or HOURLY:

WORK LOCATION:

ESSENTIAL JOB DUTIES

O = On-site. Employee works in a company location. (including indoors and outdoors)
 H = Home. Employee works from their own home.
 F = Field. Employee normally works in the field, not in an employer-provided location or home.
 C = Combination. Use if the employee works in more than one location, but not 80% in one.



QUALIFICATIONS



PHYSICAL REQUIREMENTS



PHYSICAL DEMANDS - Only if Physical at Clinic is required



A. POSITION

Standing: _____ Walking: _____ Sitting/Driving: _____

B. NOISE INTENSITY LEVEL: _____

- VERY QUIET: isolation booth for hearing test, deep sea diving, forest trail.
- QUIET: library, many private offices, funeral reception, art museum, golf course.
- MODERATE: business office where typewriters are used, department or grocery store, light traffic, fast food restaurant at off-hours.
- LOUD: can manufacturing department, large earth moving equipment, heavy traffic.
- VERY LOUD: rock concert - front row, jackhammer work, rocket testing area during test.

C. CONTROLS:

	LEFT	RIGHT	BOTH	EITHER	NEITHER	
HAND-ARM						EQUIPMENT OPERATOR
HAND-ARM						NON-EQUIPMENT OPERATOR
LEG-FOOT						EQUIPMENT OPERATOR
LEG-FOOT						NON-EQUIPMENT OPERATOR

D. STRENGTH LEVEL: _____

Limits of weight or force exerted (in lbs.)

RATING	OCCASIONALLY	FREQUENTLY	CONSTANTLY
SEDENTARY	* - 10	*	NONE
LIGHT	* - 20	* - 10	*
MEDIUM	20 - 50	10 - 25	* - 10
HEAVY	50 - 100	25 - 50	10 - 20
VERY HEAVY	100+	50+	20+

E. WEIGHT/FORCE:

	NOT PRESENT	OCCASIONALLY	FREQUENTLY	CONSTANTLY
LIFTING (lbs.)				
CARRYING (lbs.)				
PUSHING (lbs.)				
PULLING (lbs.)				





F. ACTIVITY:

	NOT PRESENT	OCCASIONALLY	FREQUENTLY	CONSTANTLY
Climbing				
Balancing				
Stooping				
Kneeling				
Crouching				
Crawling				
Reaching				
Handling				
Using Fingers				
Feeling				
Talking				
Hearing				
Tasting/Smelling				
Near Acuity				
Far Acuity				
Depth Perception				
Color Vision				
Field of Vision				

G. ENVIRONMENTAL CONDITIONS:

Exposure to Weather				
Extreme Cold				
Extreme Heat				
Wet and/or Humid'				
Vibration				
Atmospheric Conditions				
Moving Mechanical Parts				
Electrical Shock				
High, Exposed Places				
Radiation				
Explosives				
Toxic/Caustic Chemicals				
Other environment conditions				

