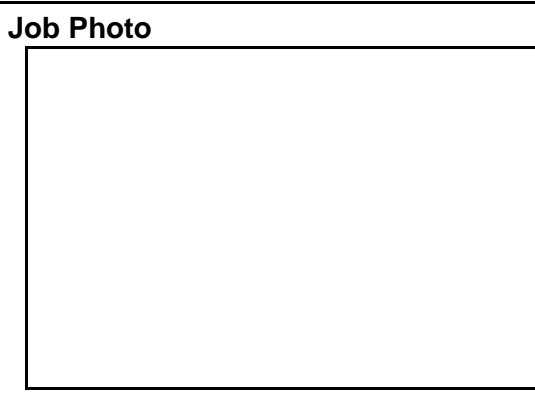




# PHYSICAL DEMANDS ANALYSIS

**Position/Job Title:**

**Job Data**  
Department: \_\_\_\_\_  
Work Hours: \_\_\_\_\_  
Breaks: \_\_\_\_\_  
PPE: \_\_\_\_\_  
**Special Training Requirements:**



**Purpose and Nature of the Job:**

**Essential Tasks of the Job: (provide % of time each task is performed)**

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

**Non-Essential Tasks Performed: (continue numbering from last step above)**

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

**Additional Job Details (e.g., task, product, materials, workstation and/or equipment details):**

**Hand Tools Used:**

**Equipment Used:**

## Physical Demands Analysis

PHYSICAL DEMAND	TASK #	FREQUENCY					DESCRIBE ACTIVITY <small>Note distances, durations and surfaces</small>
		N	R	O	F	C	
<b>MOBILITY</b>							
Walking							
Standing							
Sitting							
Crawl							
Driving (Forklift/Vehicle/Other)							
<b>POSTURE – Back</b>							
Bending Forward							
Bending Backwards							
Twisting							
<b>POSTURE – Reaching</b>						<small>Note forward and/or side reach distances</small>	
Above Shoulder Level							
Chest to Shoulder Level							
Below Chest Level							
Behind Body							
<b>POSTURE – Elbow/Forearm/Wrist</b>							
Elbow Flexion/Extension							
Wrist Flexion/Extension							
Wrist Rotation							
<b>POSTURE – Neck</b>							
Forward Bending/Flexion							
Backward Bending/Ext.							
Twisting/Turning/Tilting							
<b>POSTURE – Hip/Knee/Ankle/Foot</b>							
Crouching/Squatting							
Kneeling							
Climbing (Stairs/Other)							
Jumping							
Foot Pedal/Action							

N = Not required, R = Rarely (<2%), O = Occasional (3-33%), F = Frequent (34-66%), C = Constant (67-100%)

**Physical Demands Analysis**

**STRENGTH DEMANDS OF THE JOB**

\*Adapted from Dictionary of Occupational Titles (4<sup>th</sup> ed. Rev. 1991)

Physical Demand	Task #	Force/Weight		Frequency and Duration (N/R/O/F/C)	Height		Describe Activity/Posture
		Avg.	Max.		Start	Finish	
Lifting							
	Task #	Avg.	Max.	Frequency and Duration (N/R/O/F/C)	Height/ Distance/ Grade		Describe Activity/Posture
Carrying							
	Task #	Avg./ Sustained	Initial/ Peak	Frequency and Duration (N/R/O/F/C)	Height/ Distance/ Grade		Describe Activity/Posture
Pushing/ Pulling							

N = Not required, R = Rarely (<2%), O = Occasional (3-33%), F = Frequent (34-66%), C = Constant (67-100%)

**Physical Demands Analysis**

<b>HAND ACTIVITY</b>				
	<b>Task #</b>	<b>Approximate Force</b>	<b>Frequency and Duration (N/R/O/F/C)</b>	<b>Describe Activity/Posture</b>
Gripping/ Grasping				
Pushing (palm press/ finger)				
Pinching				
Fine Finger Movement				
Writing				
Other				
N = Not required, R = Rarely (<2%), O = Occasional (3-33%), F = Frequent (34-66%), C = Constant (67-100%)				

## Physical Demands Analysis

<b>ADDITIONAL CONDITIONS AND DEMANDS</b>			
<b>Environmental Conditions</b>	<input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor <input type="checkbox"/> Dry <input type="checkbox"/> Humid <input type="checkbox"/> Noise <input type="checkbox"/> Vibration <input type="checkbox"/> Glare	<input type="checkbox"/> Adequate lighting <input type="checkbox"/> Moving objects <input type="checkbox"/> Working at heights <input type="checkbox"/> Slippery surface <input type="checkbox"/> Congested area <input type="checkbox"/> Sharp edges <input type="checkbox"/> Fumes/vapours/gases <input type="checkbox"/> Electromagnetic fields	Comments:
<b>Psychological/ Mental Demands</b>	<input type="checkbox"/> Working under pressure/deadlines <input type="checkbox"/> Fast work pace <input type="checkbox"/> Deal with multiple tasks <input type="checkbox"/> Perform complex or varied tasks <input type="checkbox"/> Perform simple and repetitive tasks <input type="checkbox"/> Attain precise standards/attention to detail <input type="checkbox"/> Control of work pace <input type="checkbox"/> Direct/control/plan of work	<input type="checkbox"/> Close supervision <input type="checkbox"/> Follow instructions <input type="checkbox"/> Influence people <input type="checkbox"/> Confrontation situations <input type="checkbox"/> Incentive/piece work <input type="checkbox"/> Irregular hours <input type="checkbox"/> Overtime <input type="checkbox"/> Reading <input type="checkbox"/> Working alone <input type="checkbox"/> Working in a group <input type="checkbox"/> Travelling	Comments:
<b>Sensory Demands</b>	<input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Colour vision <input type="checkbox"/> Near vision <input type="checkbox"/> Far vision	<input type="checkbox"/> Spatial perception <input type="checkbox"/> Tactile <input type="checkbox"/> Smell <input type="checkbox"/> Taste	Comments:

Type Name/Position

\_\_\_\_\_

Insert Signature

\_\_\_\_\_

Date

Type Name/Position

\_\_\_\_\_

Insert Signature

\_\_\_\_\_

Date

Type Name/Position

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Insert Signature

\_\_\_\_\_

Date

Type Name/Position

\_\_\_\_\_

Insert Signature

\_\_\_\_\_

Date

## Physical Demands Analysis

**ADDENDUM** (Place additional task photos here)

