



Job Analysis Form

Name of person completing Job Analysis Form: _____

Job title of person completing Job Analysis Form: _____

Date Job Analysis Form completed: _____

Phone number that you can be reached at: _____

Injured Worker: _____ KEMI Claim Number: _____

Job Title: _____

Job Description:

During this work schedule, state how many breaks are provided and the length of the breaks: _____

Please complete the blanks with the number of hours in a normal 8 hour day that the injured worker spends performing the job tasks listed.

		<u>Never</u>	<u>Occasional</u>	<u>Frequent</u>	<u>Constant</u>
Sit for: _____ hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand for: _____ hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking for: _____ hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving for: _____ hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Demands	<u>Never</u>	<u>Occasional</u>	<u>Constant</u>	<u>Frequent</u>
Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working at or above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Heights and Climbing	<u>Never</u>	<u>Occasional</u>	<u>Frequent</u>	<u>Constant</u>
Stair Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladder Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing Heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Weight Demand	<u>Never</u>	<u>Occasional</u>	<u>Frequent</u>	<u>Constant</u>
<i>Lifting</i>				
0-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-25 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51-75 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Carrying</i>	<u>Never</u>	<u>Occasional</u>	<u>Frequent</u>	<u>Constant</u>
0-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-25 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51-75 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hand Movements

Precision Work	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	Hours in an average work day: _____
Fine Manipulation	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	Hours in an average work day: _____
Speed Work	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	Hours in an average work day: _____
Large Arm Movement	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	Hours in an average work day: _____

Work Site Description

- Percentage of time: Inside: _____ Outside: _____
- Description of floor/ground (i.e. slippery, rocky, uneven, concrete, etc): _____
Provide explanation if necessary: _____
- Is there exposure to notable changes in temperature and humidity (such as going from heat into a cold meat locker, etc)? Yes No

Please answer the following questions:

1. If the above-named injured worker is released to return to work with restrictions, can you modify his/her current position to accommodate his/her restrictions? Yes No

If you can modify his/her current position, please describe modifications:

2. If the above-named injured worker is released to return to work with restrictions but his/her present job cannot be modified to meet restrictions, is light/restricted work duty available? Yes No

Please explain the duties available:

Please feel free to add any additional comments:

Thank you for completing this form. This information will help us better communicate with you, your injured worker and the medical provider. This information will also help in assisting your injured worker during his/her transition back into the workforce.