

Physical Demands Worksheet

This form is intended to assist supervisors in evaluating the demands of positions. Keep a copy of the completed form with the Employee Work Profile in the employee's personnel file.

Job Title: _____

Employee: _____

**Physical Demands
(without accommodations)**

	hours at one time				
	0	<1/2	1/2-1	1-2	2-4
sitting	<input type="checkbox"/>				
walking	<input type="checkbox"/>				
standing	<input type="checkbox"/>				
bending neck	<input type="checkbox"/>				
twisting neck	<input type="checkbox"/>				
bending waist (forward or sideways)	<input type="checkbox"/>				
bending waist (forward or sideways)	<input type="checkbox"/>				
twisting waist	<input type="checkbox"/>				
squatting (crouch or sit on one's heels)	<input type="checkbox"/>				
climbing _____	<input type="checkbox"/>				
kneeling	<input type="checkbox"/>				
crawling	<input type="checkbox"/>				
repetitive* movement: Hand	<input type="checkbox"/>				
Ø simple grasping right hand	<input type="checkbox"/>				
Ø simple grasping left hand	<input type="checkbox"/>				
Ø simple grasping both hands	<input type="checkbox"/>				
Ø power grasping right hand	<input type="checkbox"/>				
Ø power grasping left hand	<input type="checkbox"/>				
Ø power grasping both hands	<input type="checkbox"/>				
Ø pushing/pulling* right hand _____	<input type="checkbox"/>				
Ø pushing/pulling* left hand _____	<input type="checkbox"/>				
Ø pushing/pulling* both hands _____	<input type="checkbox"/>				
Ø fine manipulation right hand	<input type="checkbox"/>				
Ø fine manipulation left hand	<input type="checkbox"/>				
Ø fine manipulation both hands	<input type="checkbox"/>				
reach above shoulder height	<input type="checkbox"/>				
reach below shoulder height	<input type="checkbox"/>				
lift or carry items weighing up to 10 lbs.	<input type="checkbox"/>				
lift or carry items weighing 11-25 lbs.	<input type="checkbox"/>				
lift or carry items weighing 26-50 lbs.	<input type="checkbox"/>				
lift or carry items weighing 51-75 lbs.	<input type="checkbox"/>				
lift or carry items weighing 76-100 lbs.	<input type="checkbox"/>				
lift or carry items weighing over 100 lbs.	<input type="checkbox"/>				
driving	<input type="checkbox"/>				
repetitive** movement: right foot	<input type="checkbox"/>				
repetitive** movement: left foot	<input type="checkbox"/>				
repetitive** movement: both feet	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				

	total hours per day				
	<1	1-2	2-4	4-6	6-8
sitting	<input type="checkbox"/>				
walking	<input type="checkbox"/>				
standing	<input type="checkbox"/>				
bending neck	<input type="checkbox"/>				
twisting neck	<input type="checkbox"/>				
bending waist (forward or sideways)	<input type="checkbox"/>				
bending waist (forward or sideways)	<input type="checkbox"/>				
twisting waist	<input type="checkbox"/>				
squatting (crouch or sit on one's heels)	<input type="checkbox"/>				
climbing _____	<input type="checkbox"/>				
kneeling	<input type="checkbox"/>				
crawling	<input type="checkbox"/>				
repetitive* movement: Hand	<input type="checkbox"/>				
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Ø simple grasping both hands	<input type="checkbox"/>				
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Ø power grasping left hand	<input type="checkbox"/>				
Ø power grasping both hands	<input type="checkbox"/>				
Ø pushing/pulling* right hand _____	<input type="checkbox"/>				
Ø pushing/pulling* left hand _____	<input type="checkbox"/>				
Ø pushing/pulling* both hands _____	<input type="checkbox"/>				
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Ø fine manipulation left hand	<input type="checkbox"/>				
Ø fine manipulation both hands	<input type="checkbox"/>				
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lift or carry items weighing 76-100 lbs.	<input type="checkbox"/>				
lift or carry items weighing over 100 lbs.	<input type="checkbox"/>				
driving	<input type="checkbox"/>				
repetitive** movement: right foot	<input type="checkbox"/>				
repetitive** movement: left foot	<input type="checkbox"/>				
repetitive** movement: both feet	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				

* List Maximum Weight
**constant for at least 15 minutes

Environmental Demands (check all that apply)

- A. Extreme cold (below 32°) source: _____
- B. Extreme heat (above 100°) source: _____
- C. Noise (need to shout in order to be heard) source: _____
- D. Vibration source: _____
(exposure to oscillating movements of the extremities or whole body)
- E. Exposure to dust/gas/fumes/steam/chemicals source: _____
- F. Work outdoors (no effective protection from weather)
- G. Walking on uneven ground (gravel, rocks, mounds)
- H. Work at heights (such as on scaffolding or ladders)
- I. Working around moving machinery (fork-lifts, tractors, mowers)
- J. Protective Equipment Required (respirator, mask, earplugs, gloves, eyewear, etc.) _____
- K. Potential exposure to infectious diseases
- L. Other _____
- M. NONE (not substantially exposed to adverse environmental conditions)