



PHYSICAL DEMANDS ANALYSIS

POSITION/JOB TITLE:

JOB DATA

Department: _____

Work Hours: _____

Breaks: _____

PPE: _____

Special Training Requirements:

JOB PHOTO

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

STRENGTH DEMANDS OF THE JOB

*Adapted from Dictionary of Occupational Titles (4th 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							

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HAND ACTIVITY

	Task #	Approximate Force	Frequency and Duration (N/R/O/F/C)	Describe Activity/Posture
Gripping/ Grasping				
Pushing (palm press/ finger)				
Pinching				
Fine Finger Movement				
Writing				
Other				

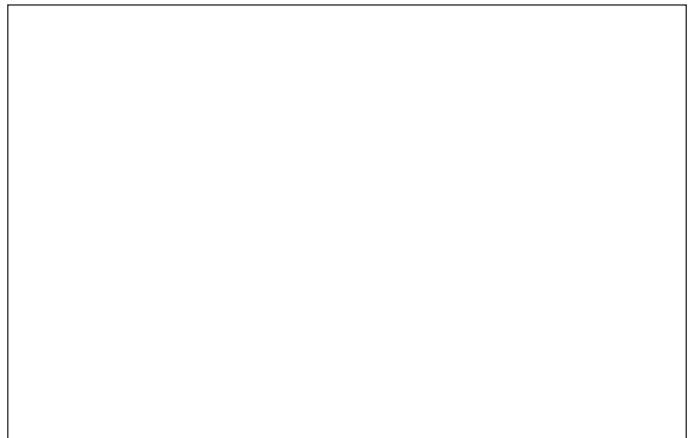
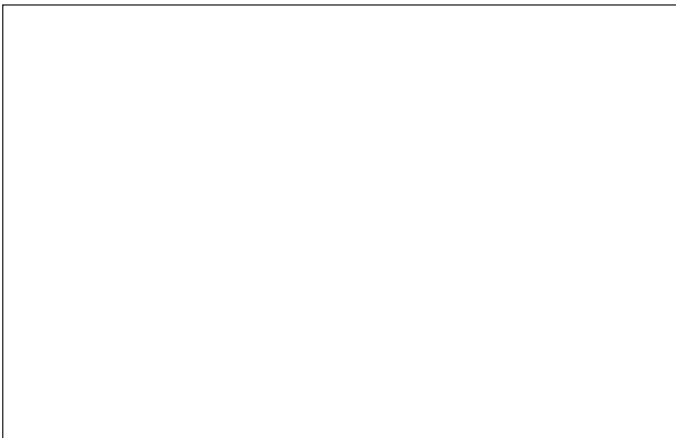

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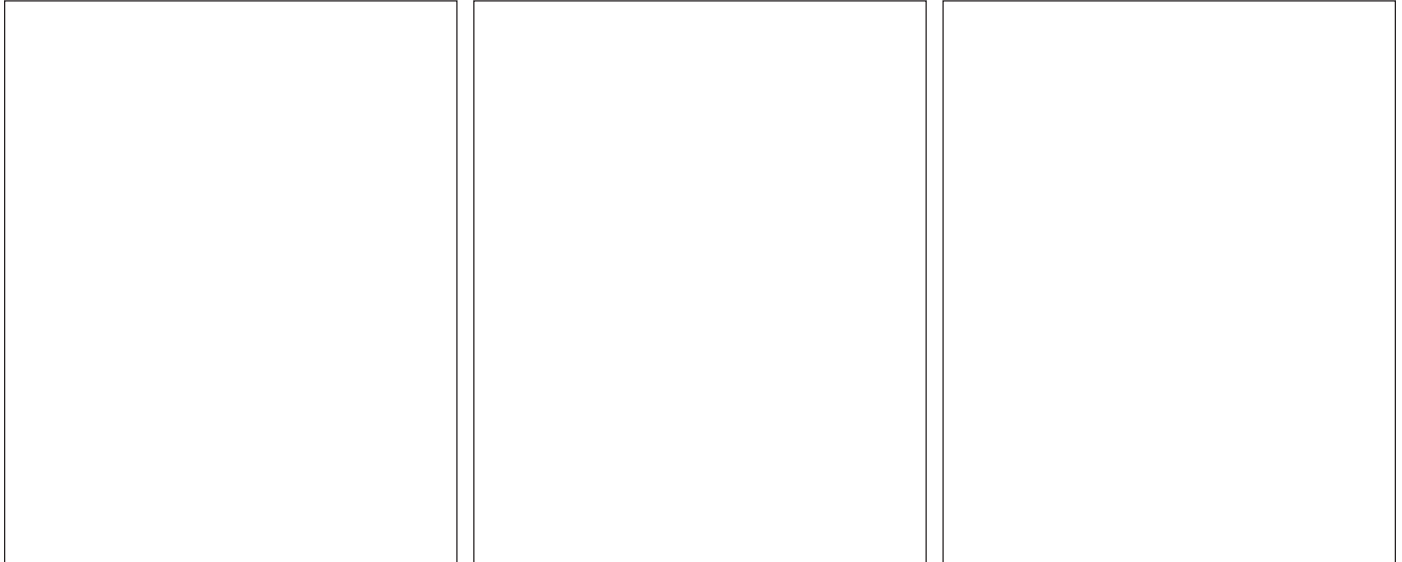
ADDITIONAL CONDITIONS AND DEMANDS

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

_____	_____	_____
Type Name/Position	Insert Signature	Date
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ADDENDUM (Place additional task photos here)





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