

EMPLOYER'S JOB EVALUATION

Employer's Name _____ Workplace Address _____

Name of Evaluator _____

Date _____

Job Title _____ Industry Type _____

Description of Job _____

Description of Workplace _____

Environmental Conditions (Temp. extremes, air quality, noise, heights, etc.)

Equipment Utilized _____

Hours Worked Daily:

Lunch Break _____ Minutes / Additional Breaks _____

PHYSICAL REQUIREMENTS OVER THE COURSE OF A WORKDAY:

LIFT	REGULARLY (67% - 100%)	FREQUENTLY (34% - 66%)	OCCASSIONALLY (1% - 33%)	NOT AT ALL
0 - 10 lbs.				
11 - 20 lbs.				
21 - 50 lbs.				
51 - 100 lbs.				
101+ lbs.				

CARRY	REGULARLY (67% - 100%)	FREQUENTLY (34% - 66%)	OCCASSIONALLY (1% - 33%)	NOT AT ALL
0 - 10 lbs.				
11 - 20 lbs.				
21 - 50 lbs.				
51 - 100 lbs.				
101+ lbs.				

DURING THE WORKDAY, THE WORKER WILL:

MOTION	5-8 HOURS	3-5 HOURS	1-3 HOURS	NOT AT ALL
Stand/Walk				
Sit				
Bend				
Squat				
Climb				
Kneel				
Push/Pull				
Reach				
Crawl				
Overhead Reach				
Grasp (Hands)				

OTHER REQUIREMENTS

Driving _____

Use of Hands _____

Operate Foot Controls _____

Comments _____

THE ABOVE MENTIONED POSITION IS AVAILABLE

Permanently _____ Temporarily _____ Length of Time _____

Signature _____

Title _____

Date _____