



**INDUSTRIAL ATHLETE
PROS**



JOB DEMANDS ANALYSIS

Print Form

JOB DATA

JOB PHOTO

Position: Master Technician

Department: _____

Work Hours: _____

Breaks: _____

PPE: _____

Special Training Requirements: _____

Purpose and Nature of the Job: Delivery appliances/last mile service

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

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 Note distances, durations and surfaces
		N	R	O	F	C	
MOBILITY							
Walking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Standing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sitting		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crawl		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Driving (Forklift/Vehicle/Other)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
POSTURE – Back							
Bending Forward		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending Backwards		<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
POSTURE – Reaching						Note forward and/or side reach distances	
Above Shoulder Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chest to Shoulder Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Below Chest Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Behind Body		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
POSTURE – Elbow/Forearm/Wrist							
Elbow Flexion/Extension		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select...
Wrist Flexion/Extension		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select...
Wrist Rotation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select...
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select...
POSTURE – Neck							
Forward Bending/Flexion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Backward Bending/Ext.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Twisting/Turning/Tilting		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
POSTURE – Hip/Knee/Ankle/Foot							
Crouching/Squatting		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneeling		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing (Stairs/Other)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Jumping		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foot Pedal/Action		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
= 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					Please select...		
Physical Demand	Task #	Force/Weight Select...		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

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

Physical Demands Analysis

ADDITIONAL CONDITIONS AND DEMANDS			
Environmental Conditions	<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:
Psychological/ Mental Demands	<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:
Sensory Demands	<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	Insert Signature	Date
Type Name/Position	Insert Signature	Date

Physical Demands Analysis

ADDENDUM (Place additional task photos here)

