|  |  |
| --- | --- |
| **Occupational Therapy**  **Job Demands Checklist** | **Surname:**  **Given Name:**  **DOB:\_\_\_\_\_\_ Sex:\_\_\_ Claim No.:\_\_\_\_\_\_\_**  **Address:** |

|  |  |
| --- | --- |
| **EMPLOYER:** | **MANAGER/SUPERVISOR:** |
| **INJURY DETAILS:** | **DATE OF ASSESSMENT:** |
| **JOB DESCRIPTION:**  **Job Title:**  **Hours of work (if Workers Comp – pre-injury hours; if person with a disability – expected hours the person wishes to attain):**  **Duties:**   * all tasks the worker may be expected to undertake each day/week/month * a brief description of how each task is completed * % of each day or week the task is done   **Job Demands Checklist**  C:\Users\miboujaoude\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\UZI7FHBI\42_as_Interleaved_2_of_5_barcode[1].jpg | |

**KEY**

Frequency ratings N = Task not performed at all

O = Task performed occasionally - up to 1/3 of the shift

F = Task performed frequently – up to 2/3 of the shift

C = Task performed constantly – more than 2/3 of the shift

Activity Level S = Static

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| --- |
| **Shaded tasks:**  indicate a task may cause symptom aggravation for this person |

R = Repetitive

SS = Sustained

I = Intensive

IT = Intermittent

**GENERAL PHYSICAL REQUIREMENTS:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Job Task** | **Frequency Task is Performed (✔)** | | | | **Activity Level** | **Comments** |
| **C** | **F** | **O** | **N** |
| Lift floor to waist |  |  |  |  |  |  |
| Lift waist to eye level |  |  |  |  |  |  |
| Lift above eye level |  |  |  |  |  |  |
| One handed carrying |  |  |  |  |  |  |
| Two handed carrying |  |  |  |  |  |  |
| Push/pull |  |  |  |  |  |  |
| Work arms over head standing |  |  |  |  |  |  |
| Work bent over standing/stooping |  |  |  |  |  |  |
| Work bent over sitting |  |  |  |  |  |  |
| Work squatting or crouching or kneeling |  |  |  |  |  |  |
| Reaching above shoulders |  |  |  |  |  |  |
| Reaching forwards |  |  |  |  |  |  |
| Reaching below hips |  |  |  |  |  |  |
| Upper limb |  |  |  |  |  |  |
| Sitting |  |  |  |  |  |  |
| Standing |  |  |  |  |  |  |
| Walking |  |  |  |  |  |  |
| Climbing stairs |  |  |  |  |  |  |
| Climbing a ladder |  |  |  |  |  |  |

Comment on any discrepancies between demands and the capacity of the worker.

**LIFTING and CARRYING TASKS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Job Task** | **Frequency Task is Performed (✔)** | | | | **Activity Level** | **Comments** |
| **C** | **F** | **O** | **N** |
| Up to 4.5 kg |  |  |  |  |  |  |
| 4.5 to 10 kg |  |  |  |  |  |
| 11 to 20 kg |  |  |  |  |  |
| 21 to 30 kg |  |  |  |  |  |
| 31-40 kg |  |  |  |  |  |
| 41 to 50 kg |  |  |  |  |  |
| 51 to 55 kg |  |  |  |  |  |
| Over 55 kg |  |  |  |  |  |

Comment on any discrepancies between demands and the capacity of the worker.

**HAND MANIPULATION**

Is the person right or left dominant:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Job Task** | **Frequency Task is Performed (✔)** | | | | **Activity Level** | **Comments** |
| **C** | **F** | **O** | **N** |
| Simple grasping -R |  |  |  |  |  |  |
| Simple grasping -L |  |  |  |  |  |
| Firm grasping - R |  |  |  |  |  |
| Firm grasping - L |  |  |  |  |  |
| Fine manipulation -R |  |  |  |  |  |
| Fine manipulation -L |  |  |  |  |  |
| Touch-tactile, palpation |  |  |  |  |  |
| Repetitive motion - R |  |  |  |  |  |
| Repetitive motion - L |  |  |  |  |  |

Comment on any discrepancies between demands and the capacity of the worker.

**FOOT MANIPULATION -** Describe. Does the job involve operation of foot controls or repetitive foot movement? Comment on any discrepancies between demands and the capacity of the worker.

**OTHER MANUAL HANDLING TASKS –** describe weights, postures, movements, frequencies, distances etc. Comment on any discrepancies between demands and the capacity of the worker.

**DRIVING** – describe the demands, hours, distances. Comment on any discrepancies between demands and the capacity of the worker.

**COMPUTER BASED WORKSTATION** – describe the duties, hours, % of the day spent sitting at the computer, type of computer based tasks.

NB: consider a Computer Based Workstation Assessment using a relevant checklist.

**SENSORY DEMANDS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Skill** | **Frequency Task is Performed (✔)** | | | | **Activity Level** | **Comments** |
| **C** | **F** | **O** | **N** |
| Far vision |  |  |  |  |  |  |
| Near vision |  |  |  |  |  |
| Colour vision |  |  |  |  |  |
| Depth perception |  |  |  |  |  |
| See fine details |  |  |  |  |  |
| Hear normal speech |  |  |  |  |  |
| Hear overhead paging |  |  |  |  |  |
| Oral communication |  |  |  |  |  |
| Written communication |  |  |  |  |  |

Comment on any discrepancies between demands and the capacity of the worker.

**COGNITIVE DEMANDS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Skill** | **Frequency Task is Performed (✔)** | | | | **Activity Level** | **Comments** |
| **C** | **F** | **O** | **N** |
| Independent problem solving |  |  |  |  |  |  |
| Mathematical calculations/ use of a calculator |  |  |  |  |  |
| Vigilance or concentration for extended periods |  |  |  |  |  |
| Quick thinking/reasoning during emergencies |  |  |  |  |  |
| Read and understand printed materials |  |  |  |  |  |
| Short term memory |  |  |  |  |  |
| Long term memory |  |  |  |  |  |
| Sequencing/organising |  |  |  |  |  |
| Recognition of symbols |  |  |  |  |  |
| Attention to detail |  |  |  |  |  |
| Following complex instructions |  |  |  |  |  |
| Working when fatigued |  |  |  |  |  |
| Others: (List) |  |  |  |  |  |

Comment on any discrepancies between demands and the capacity of the worker

**PSYCHOLOGICAL DEMANDS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Skill** | **Frequency Task is Performed (✔)** | | | | **Activity Level** | **Comments** |
| **C** | **F** | **O** | **N** |
| Supervise others |  |  |  |  |  |  |
| Exposed to violent behaviour or abusive language |  |  |  |  |  |
| Work in confined spaces |  |  |  |  |  |
| Work irregular shifts |  |  |  |  |  |
| Work alone |  |  |  |  |  |
| Work with others |  |  |  |  |  |
| Fast work pace |  |  |  |  |  |
| Variety of duties |  |  |  |  |  |
| Repetitive work –continuously performing the same task |  |  |  |  |  |
| Frequent interruptions |  |  |  |  |  |
| Meeting deadlines |  |  |  |  |  |
| Periodic continuing education requirement |  |  |  |  |  |  |
| Others: (List) |  |  |  |  |  |  |

Comment on any discrepancies between demands and the capacity of the worker

**ENVIRONMENTAL EXPOSURE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Skill** | **Frequency Task is Performed (✔)** | | | | **Activity Level** | **Comments** |
| **C** | **F** | **O** | **N** |
| Infectious diseases |  |  |  |  |  |  |
| Chemical agents |  |  |  |  |  |
| Dust, fumes, gases |  |  |  |  |  |
| Extremes in temperature or humidity |  |  |  |  |  |
| Hazardous or moving equipment |  |  |  |  |  |
| Blood, body fluids |  |  |  |  |  |
| Radiation |  |  |  |  |  |
| Vibration |  |  |  |  |  |
| Excessive noise, distracting noise |  |  |  |  |  |
| Working at heights |  |  |  |  |  |
| Lighting problems, glare, shadow etc. |  |  |  |  |  |

Comment on any discrepancies between demands and the capacity of the worker

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| --- |
| **SUMMARY of JOB DEMANDS:**  **MAJOR AREAS of CONCERN:** tasks where job demands may be greater than the ability of the worker at this time.  **RECOMMENDATIONS:** |