

**PHYSICAL DEMANDS CHECKLIST**  
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Employer \_\_\_\_\_

Position \_\_\_\_\_

**IN AN 8-HOUR WORKDAY THE EMPLOYEE WOULD**

NON-MATERIAL HANDLING ACTIVITIES					
ACTIVITY		NEVER 0% OF DAY	OCCASIONAL 1-33% DAY	FREQUENT 34-66% DAY	CONSTANT 67-100% DAY
Sitting					
Standing					
Walking					
Bending (stooping)					
Squatting (crouching)					
Kneeling					
Crawling					
Balancing					
Reaching – Forward					
Reaching – Overhead					
Climb – Stairs					
Climb – Ladders					
Walking on Uneven Surface					
MATERIAL HANDLING ACTIVITIES					
ACTIVITY		NEVER 0% OF DAY	OCCASIONAL 1-33% DAY	FREQUENT 34-66% DAY	CONSTANT 67-100% DAY
Bench (Waist) Height	Lift up to 10 pounds				
	Lift 11-20 pounds				
	Lift 21-50 pounds				
	Lift 51-100 pounds				
	Lift 101+ pounds				
Shoulder Height	Lift up to 10 pounds				
	Lift 11-20 pounds				
	Lift 21-50 pounds				
	Lift 51- 100 pounds				
	Lift 100+ pounds				
ACTIVITY		NEVER 0% OF DAY	OCCASIONAL 1-33% DAY	FREQUENT 34-66% DAY	CONSTANT 67-100% DAY
Carry up to 10 pounds					
Carry 11-25 pounds					
Carry 26-50 pounds					
Carry 51+ pounds					
Push up to 10 pounds					
Push 11-20 pounds					

ACTIVITY	NEVER 0% OF DAY	OCCASIONAL 1-33% DAY	FREQUENT 34-66% DAY	CONSTANT 67-100% DAY
Push 21-50 pounds				
Push 51-100 pounds				
Push 101+ pounds				
Pull up to 10 pounds				
Pull 11-20 pounds				
Pull 21-50 pounds				
Pull 51-100 pounds				
Pull 101+ pounds				
Comments:				

Hand Function	Dominant Only		Non Dominant Only		Either Hand	
Simple Grasp	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Firm Grasp	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fine Manipulation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Writing/Printing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Twisting/Turning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Feeling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Keyboarding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employee must use feet for repetitive movements  
(i.e. operating foot controls)

Right  
 Both  
 Left  
 Not Applicable

Employee must use head and neck in:

Static Position  Yes  No  
Frequent Flexing  Yes  No  
Frequent Rotating  Yes  No

Employee must have the ability to read

Never  
 Frequently  
 Occasional  
 Constant

Employee is exposed to the following environmental factors (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Normal office environment | <input type="checkbox"/> Changes in Temperature or weather |
| <input type="checkbox"/> Blood/Body Fluids         | <input type="checkbox"/> Noise                             |
| <input type="checkbox"/> Communicable Diseases     | <input type="checkbox"/> Varying Changes in Dark & Light   |
| <input type="checkbox"/> Chemical or Gases         | <input type="checkbox"/> Fire or Open Flame                |
| <input type="checkbox"/> Radiation                 | <input type="checkbox"/> Odors                             |
| <input type="checkbox"/> Dust                      | <input type="checkbox"/> Other (please explain) _____      |

**Physical Demand Classification of Job - Please Circle ONE CATEGORY**

CATEGORY $\Delta$	Sedentary	Light	Light-Medium	Medium	Medium-Heavy	Heavy	Very Heavy
Occasional (1 - 33%)	10 pounds	20 pounds	35 pounds	50 pounds	75 pounds	100 pounds	Over 100 lbs.
Frequent (34 - 66%)	Negligible	10 pounds	15 pounds	20 pounds	35 pounds	50 pounds	Over 50 lbs.
Constant (67 - 100%)	Negligible	Negligible	7 pounds	10 pounds	15 pounds	20 pounds	Over 20 lbs.

Completed by: (Print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Phone

\_\_\_\_\_

Date

\_\_\_\_\_