**Sample Job Demands Analysis**

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| **General Information** | | | | |
| **Job Position:** | | | | |
| **Department:** | | | | |
| **Hours of Work:** | | | **Breaks**: | |
| **Personal Protective Equipment (PPE):** | | | | |
| **Work Environment, Location, Workstation Description**: | | | | |
| **Purpose and Overview of job:** | | | | |
| **Essential Job Tasks** (Tasks required for job purpose) | | | | **% of time performed** |
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| **Non-essential Job Tasks** | | | | **% of time performed** |
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| **Equipment, Tools, Supplies Used** | | | | **% of time used** |
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| **Physical Demands** | | | | | |
| *Frequency:* ***NA*** *(not applicable);* ***R****are (0-5%);* ***O****ccasional (6-33%);* ***F****requent (34-66%);* ***C****onstant (67-100%)* | | | | | |
| **Mobility/Posture** | **Frequency (NA/R/O/F/C)** | **Activity or Comments** | | | |
| Walking |  |  | | | |
| Standing (stationary) |  |  | | | |
| Sitting |  |  | | | |
| Static positioning (indicate) |  |  | | | |
| Climbing |  |  | | | |
| Bending or stooping |  |  | | | |
| Overhead reaching |  |  | | | |
| Forward/Lateral reaching |  |  | | | |
| Crouching or squatting |  |  | | | |
| Crawling |  |  | | | |
| Kneeling |  |  | | | |
| Driving |  |  | | | |

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| **Strength/Physical Demands** | | | | | | | | | |
| *Frequency:* ***NA*** *(not applicable);* ***R****are (0-5%);* ***O****ccasional (6-33%);* ***F****requent (34-66%);* ***C****onstant (67-100%)*  *Hand use:* ***R****ight,* ***L****eft,* ***B****oth* | | | | | | | | | |
|  | | **Weight/Force** | | | | **Freq.** | | **Hand use** | **Activity or Comments** |
| **Max.** | | **Avg.** | |
| Lift/Lower: Floor to waist | |  | |  | |  | |  |  |
| Lift/Lower: Waist to shoulder | |  | |  | |  | |  |  |
| Lift/Lower: Above shoulder | |  | |  | |  | |  |  |
| Carry | |  | |  | |  | |  |  |
| Push | |  | |  | |  | |  |  |
| Pull | |  | |  | |  | |  |  |
| Grip | Power grip |  | |  | |  | |  |  |
| Tip pinch |  | |  | |  | |  |  |
| Lateral pinch |  | |  | |  | |  |  |
| Pencil grip |  | |  | |  | |  |  |
| Unusual motions  (indicate): | |  |  | | |  | |  |  |
| **Psychological/Cognitive Demands** | | | | | | | | | |
| *Frequency:* ***NA*** *(not applicable);* ***R****are (0-5%);* ***O****ccasional (6-33%);* ***F****requent (34-66%);* ***C****onstant (67-100%)* | | | | | | | | | |
| **Psychological/Cognitive Demands** | | | | | **Freq.** | | **Activity or Comments** | | |
| Perform under pressure - deadlines | | | | |  | |  | | |
| Attention to detail | | | | |  | |  | | |
| Perform multiple tasks | | | | |  | |  | | |
| Perform repetitive tasks | | | | |  | |  | | |
| Control over work pace | | | | |  | |  | | |
| Exposure to environmental stimuli | | | | |  | |  | | |
| Need to work cooperatively with others | | | | |  | |  | | |
| Need to work alone | | | | |  | |  | | |
| Exposure to emotional or confrontational situations | | | | |  | |  | | |
| Responsibility and accountability required | | | | |  | |  | | |
| Incentive or piece work | | | | |  | |  | | |
| Memory | | | | |  | |  | | |
| Travel | | | | |  | |  | | |
| Overtime | | | | |  | |  | | |
| Irregular hours | | | | |  | |  | | |

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| **Other Demands** | | |
| *Frequency:* ***NA*** *(not applicable);* ***R****are (0-5%);* ***O****ccasional (6-33%);* ***F****requent (34-66%);* ***C****onstant (67-100%)* | | |
| **Office/Administrative Work** | **Freq.** | **Activity or Comments** |
| Computer work (typing, mousing) |  |  |
| Paper work |  |  |
| Filing |  |  |
| Phone |  |  |
| Other (indicate): |  |  |
| **Sensory Demands** | **Freq.** | **Activity or Comments** |
| Hearing: telephone, conversation, signals |  |  |
| Vision: near/far, depth and spatial perception |  |  |
| Colour discrimination |  |  |
| Sense of touch |  |  |
| Sense of smell |  |  |
| Taste |  |  |

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| **Environmental conditions** | **Freq.** | **Activity or Comments** |
| Hot/cold temperatures |  |  |
| Extreme temperatures |  |  |
| Outdoors |  |  |
| Indoors |  |  |
| Noise (>85 dBA) |  |  |
| Vibration |  |  |
| Damp or humid environment |  |  |
| Adequate lighting |  |  |
| Fumes, vapours, gases |  |  |
| Electromagnetic fields |  |  |
| Other (specify) |  |  |

**Additional Comments:**

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| Evaluation Completed by: |  | Date: |  |
| Reviewed By: |  | Date: |  |
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