**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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