

PHYSICAL DEMANDS ANALYSIS

FROM: _____ **DATE:** _____
FAX #: _____ **PHONE #:** _____
To Supervisor of CLAIMANT NAME: _____

The immediate supervisor of the claimant listed above should complete this form and fax it back to The Hartford as soon as possible. If a job analysis has been done for this position, please send with this document.

Company Name: _____ Location: _____
 Job Title _____

Please note essential duties of this position (those that are performed with some frequency and not reasonably omitted.) Attach a current job description if available.
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Supervisory duties? Yes No
 Education/training requirements: _____ License/trade requirements: _____

How can this job be modified and for how long? _____

Are other jobs available in your company that require *similar ability* but require *less physical effort*? Yes No If yes, please explain. _____

******* Complete this form considering only the Essential Job Duties *******

Work schedule for the job

Hrs. per day _____	Days per week _____
Shifts _____	Overtime hours _____
Break/lunch periods _____	
Work pace: <input type="checkbox"/> Self <input type="checkbox"/> Incentive/piece rate	
<input type="checkbox"/> Machine <input type="checkbox"/> Set quota	

Work field data

Machines / tools used:		
<input type="checkbox"/> Computer	<input type="checkbox"/> Telephone	<input type="checkbox"/> Calculator
<input type="checkbox"/> Fork Lift (sit)	<input type="checkbox"/> Head Set	
<input type="checkbox"/> Fork Lift (stand)	<input type="checkbox"/> Motor vehicle	
<input type="checkbox"/> Power hand tools	<input type="checkbox"/> Manual hand tools	
Materials used: _____		
Describe work station: _____		

Sitting/Standing/Walking Requirements

Total hours at one time (circle one for each)										
Sitting	0	.5	1	2	3	4	5	6	7	8+
Standing	0	.5	1	2	3	4	5	6	7	8+
Walking	0	.5	1	2	3	4	5	6	7	8+

Total hours during typical workday (circle one for each)										
Sitting	0	.5	1	2	3	4	5	6	7	8+
Standing	0	.5	1	2	3	4	5	6	7	8+
Walking	0	.5	1	2	3	4	5	6	7	8+

Alternate sitting and standing as needed? Yes No

Talking/Hearing/Vision Requirements

Talking <input type="checkbox"/> Person to person <input type="checkbox"/> On the phone <input type="checkbox"/> In group settings	Hearing <input type="checkbox"/> In person <input type="checkbox"/> On the phone <input type="checkbox"/> In group settings	Vision <input type="checkbox"/> Near <input type="checkbox"/> Peripheral vision <input type="checkbox"/> Midrange <input type="checkbox"/> Depth perception <input type="checkbox"/> Far
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Pushing/Pulling/Lifting/Carrying Requirements

Task description <small>(Describe task, articles that are pushed/pulled/lifted or carried and any mechanical assistance.)</small>	Article – Weight		Typical Distance	Frequency	Duration
	Typical Weight	Maximum Weight	Push/Pull/Lift/Carry (in feet)	(How many times in one day?)	(For how long at one time?)

Other Essential Job Duties

		Never	Occasionally (1-33%)	Frequently (34-67%)	Constantly (68-100%)
Driving					
Airplane Travel					
Balancing					
Stooping					
Kneeling					
Crouching					
Crawling					
Climbing					
Reaching Indicate if not bilateral by using R for right, L for left.	Above Shoulder				
	At waist/desk level				
	Below waist level				
Handling (gross motor: gripping, holding, grasping)	Right Hand				
	Left Hand				
	Both Hands				
Fingering (fine motor)	Right Hand				
	Left Hand				
	Both Hands				
Feeling (sensing temperatures and textures)	Right Hand				
	Left Hand				
	Both Hands				

Work Conditions	Yes	No
Setting: Inside _____% Outside _____%		
Extreme Heat	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Cold	<input type="checkbox"/>	<input type="checkbox"/>
Wet/Humid	<input type="checkbox"/>	<input type="checkbox"/>
Fumes/Dust/Dirt/ Smoke	<input type="checkbox"/>	<input type="checkbox"/>
Confined Areas	<input type="checkbox"/>	<input type="checkbox"/>
High Places	<input type="checkbox"/>	<input type="checkbox"/>
Equipment In Motion	<input type="checkbox"/>	<input type="checkbox"/>
Safety Equipment/Clothing	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Hazards (check if exists in workplace):		
Mechanical	<input type="checkbox"/>	<input type="checkbox"/>
Chemical	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Magnets	<input type="checkbox"/>	<input type="checkbox"/>

If you have additional information related to the Essential Duties of this position which has not been addressed elsewhere on this form, please attach and return it with this document.

Essential Duties are defined as those that are performed with some frequency and not reasonably omitted.

Signature of Person filling out form: _____

Date : _____

Print Name: _____

Position: _____

Phone # (with area code): _____

Fax #: _____