



Kaiser On-the-Job

IDENTIFICATION OF EMPLOYER JOB TASKS

Employer _____ Job Title _____

Person Completing Form _____ Date _____ Telephone # _____

Essential Job Tasks must be real, universal to the job, and if removed, would fundamentally alter the job.

COMPLETE FOR ALL JOBS

A. Physical Demands (feel free to add additional information as necessary)

Average amount of time spent sitting during a typical day: _____ hrs/day

Average amount of time spent standing/walking during a typical day: _____ hrs/day

Average amount of time spent driving during a typical day: _____ hrs/day

Average amount of time spent performing rapid repetitive motions of hands/wrists/arms during a typical day (keyboard, cash register, parts assembly): _____ hrs/day

Heaviest regular lift and/or carry? _____ lbs. What? _____ How often? _____

Heaviest ever lift and/or carry? _____ lbs. What? _____ How often? _____

For all remaining questions, please check the most appropriate answer. Seldom implies less than several times per day, Regularly more than several times per day.

N = Never **S** = Seldom **R** = Regularly

N S R Describe

How often do tasks require reaching out from the body? _____

How often do tasks require work above waist level? _____

How often do tasks require gripping and/or grasping? _____

How often do tasks require bending at the waist? _____

How often do tasks require stooping and/or squatting? _____

How often do tasks require kneeling? _____

B. Essential Vision Tasks (when employees who wear glasses put them on)

N S R Describe

Near vision tasks (closer than arm's length)? _____

Far vision tasks (farther than arm's length)? _____

Color vision tasks (match paint, lab test interpretation)? _____

C. Essential Hearing Tasks

N S R Describe

Ability to understand conversation in quiet environment? _____

Ability to understand conversation in noisy environment? _____

Is hearing protection utilized? _____

D. Environmental Demands

N S R Describe

Work in high or precarious locations?

Work on slippery or uneven surfaces?

Work requiring irregular or extended hours?

E. COMPLETE FOR JOBS WITH TOXIC EXPOSURES

Work with any of the following? How often? Describe tasks.

N S R Describe

Radiation?

Lasers?

Dust?

Silica Powder?

Asbestos?

Latex?

Lead?

Paints and Glues?

Solvents?

Other Chemicals?

Is personal protective equipment used?

N S R Describe

Respirator?

Types? _____

Gloves?

Protective Clothing?

Safety Glasses/Goggles?

F. COMPLETE FOR JOBS WITH HEAVY PHYSICAL EXERTION

Please list all tasks which may be expected to cause the employee to get winded and out of breath (dig ditches, move furniture), and check how often they must be accomplished:

N S R

1. _____

2. _____

3. _____

4. _____

5. _____