Chesapeake Employers Insurance
Your workers' compensation specialist
8722 Loch Raven Blvd. Towson, MD 21286
410-494-2000
Safety Services Department

JOB ANALYSIS PG. 1

Employee: _____ Job Title: _____ DOT No: _____
As applicable

Employer: _____

Date of hire: _____Date of job analysis: _____ Job analysis performed by: _____

Methodology Used: ❍ Observation/Interview ❍ Other-Explanation:_____

POSITION SUMMARY

1. Description of job: _____

_____

2. Essential tasks: _____

_____

3. Types of machines and equipment used: _____

_____

4. Jobs can be modified: Temporarily ❍ YES ❍ NO Permanently ❍ YES ❍ NO

If yes, please specify how: _____

_____

_____

_____

EDUCATIONAL & TRAINING REQUIREMENTS: _____

_____

_____

_____

ENVIRONMENTAL CONDITIONS:

Primarily: ❍ Indoor work ❍ Outdoor work

Exposure to:

❍ Confined Spaces	❍ High Elevation	❍ Slippery Surfaces
❍ Electrical Shock	❍ Humid Conditions	❍ Toxic Chemicals
❍ Explosives	❍ Moving Parts	❍ Uneven Surfaces
❍ Extreme Cold	❍ Noise	❍ Vibration
❍ Extreme Heat	❍ Poor Ventilation	❍ Weather
❍ Fumes/Noxious Odors/ Dusts/Mists/Gases	❍ Radiant Energy	❍ Wet

Length of work day: _____ No. of Days/Week: _____

Breaks: _____ Duration of each: _____ Meal Break Duration: _____

Work Schedule: _____

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JOB ANALYSIS PG. 2

PHYSICAL DEMANDS:

N/P = Not Present ..... 0% of the time
R = Rarely ..... < 5% of the time
O - Occasionally < 1/3 of work hours ..... 5-25% of the time
F = Frequently 1/3 to 2/3 of work hours ..... 25-75% of the time
C = Constantly > 2/3 of work hours ..... 75% or more of the time

	N/P	R	O	F	C	Description/Narrative
1. Balancing						
2. Carrying*						
3. Climbing						
4. Crawling						
5. Crouching						
6. Driving						
7. Fingering						
8. Handling*						
9. Hearing						
10. Kneeling						
11. Lifting*						
12. Overhead Work						
13. Pulling*						
14. Pushing*						
15. Reaching						
16. Sitting						
17. Standing						
18. Stooping						
19. Talking						
20. Twisting						
21. Vision						
22. Walking						
23. Other						

* Please designate heaviest weight by frequency in appropriate column.

Employer: Date modified job is available: _____ Wage: _____ (per hour/week/year)

Comments: _____

_____

_____

Employer Signature: _____ Date:_____

Physician: I approve the attached job description. ❍ Yes ❍ No

If no, reasons for disapproval / recommended modifications: _____

_____

_____

_____

Physician Signature: _____ Date:_____

Physician Name (please print) _____