**JOB ANALYSIS**

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| Job Title: |  | | | |
| Department: |  | Division: |  | |
| DOT Title: |  | DOT #: |  | |
| SVP: |  | Requestor: |  | |
| Worksite Address: |  | Office Contact Name/ Phone/ Email: |  | |
| Original Analyst: |  | | Analysis Date: |  |
| Update Analyst: |  | | Update Date: |  |

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| On-Site  Interview  Representative |

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| **JOB DUTIES:**  **Essential Functions according to the employer:**  All King County jobs require ability/essential function to:   * Demonstrate predictable, reliable, and timely attendance. * Follow written and verbal directions to complete assigned tasks on schedule. * Read, write, and communicate in English & understand basic math. * Learn from directions, observations, and mistakes and apply procedures using good judgment. * Work independently or as part of a team and interact appropriately with others.   Job Specific Requirements: | | | |
| **EXPERIENCE, QUALIFICATIONS, KNOWLEDGE, SKILLS:**  MINIMUM QUALIFCATIONS:   * None   DESIRABLE QUALIFICATIONS:   * None   NECESSARY SPECIAL QUALIFICATIONS:   * None | | | |
| **Machines, Tools, Special Equipment, Personal Protective Equipment Used:**   * None | | | |
| **PHYSICAL REQUIREMENTS** | | | |
| **Frequency Scale** | **Strength** | **Work Pattern** | |
| **N** = Never | Sedentary | Full-time | |
| **S** = Seldom (1-10 %, up to 48 min) | Light | Part-time | |
| **O** = Occasional (11-33%, 49 min. – 2 hr 40 min) | Medium | Seasonal | |
| **F** = Frequent (34-66%, 2 hr 41 min – 5 hr 20 min) | Heavy |  | Hours Per Day |
| **C** = Constant (67-100%, more than 5 hr 20 min) | Very Heavy |  | Days Per Week |
| **Work Pattern (continued)** |  | FLSA Exempt  Yes  No | |

* Breaks; OT; seasonal schedule change

| **Job Demand** | **Frequency and Weight (lbs)** | | | | | **Activity Description** |
| --- | --- | --- | --- | --- | --- | --- |
| **N** | **S** | **O** | **F** | **C** |
| **Lifting**  floor – waist |  |  |  |  |  |  |
| **Lifting**  waist–shoulder |  |  |  |  |  |  |
| **Lifting**  above shoulder |  |  |  |  |  |  |
| **Carry**  (Distance/Surface) |  |  |  |  |  |  |
| **Pushing/Pulling**  (Distance/Surface) |  |  |  |  |  |  |

| **Physical Demands** | **Frequency** | | | | | **Activity Description** | | | |
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| **N** | **S** | **O** | **F** | **C** |
| Sitting |  |  |  |  |  |  | | | |
| Standing |  |  |  |  |  |  | | | |
| Walking |  |  |  |  |  |  | | | |
| Perform Work on Ladders |  |  |  |  |  |  | | | |
| Climbing |  |  |  |  |  |  | | | |
| Balancing |  |  |  |  |  |  | | | |
| Stooping / Bending |  |  |  |  |  |  | | | |
| Twisting at Neck |  |  |  |  |  |  | | | |
| Twisting at Waist |  |  |  |  |  |  | | | |
| Squatting / Kneeling |  |  |  |  |  |  | | | |
| Crawling |  |  |  |  |  |  | | | |
| Reach waist to shoulder |  |  |  |  |  |  | | | |
| Reach above shoulder |  |  |  |  |  |  | | | |
| Reach below waist |  |  |  |  |  |  | | | |
| Keyboarding |  |  |  |  |  |  | | | |
| Wrist Flexion/Extension |  |  |  |  |  |  | | | |
| Handle/Grasp |  |  |  |  |  |  | | | |
| Forceful Grasp |  |  |  |  |  |  | | | |
| Fine Finger Manipulation |  |  |  |  |  |  | | | |
| Hand Controls |  |  |  |  |  |  | | | |
| Foot Controls |  |  |  |  |  |  | | | |
| Repetitive Motion |  |  |  |  |  | Body Part: |  | Cycles/hr: |  |
| Vibratory Tasks – High |  |  |  |  |  |  | | | |
| Vibratory Tasks – Low |  |  |  |  |  |  | | | |
| Talking |  |  |  |  |  |  | | | |
| Hearing |  |  |  |  |  |  | | | |
| Visual – Near Acuity |  |  |  |  |  |  | | | |
| Visual – Far Acuity |  |  |  |  |  |  | | | |
| Visual – Depth Perception |  |  |  |  |  |  | | | |
| Visual – Color Discrimination |  |  |  |  |  |  | | | |
| Visual – Accommodation |  |  |  |  |  |  | | | |
| Visual – Field of Vision |  |  |  |  |  |  | | | |
| Exposure to Weather |  |  |  |  |  |  | | | |
| Extreme Cold |  |  |  |  |  |  | | | |
| Extreme Hot |  |  |  |  |  |  | | | |
| Wet and / or Humidity |  |  |  |  |  |  | | | |
| Proximity to Moving Mechanical Parts |  |  |  |  |  |  | | | |
| Exposure to Explosives |  |  |  |  |  |  | | | |
| Atmospheric Conditions |  |  |  |  |  |  | | | |
| Exposed Heights |  |  |  |  |  |  | | | |
| Exposure to Electricity |  |  |  |  |  |  | | | |
| Exposure to Toxic / Caustic Chemicals |  |  |  |  |  |  | | | |
| Exposure to Radiation |  |  |  |  |  |  | | | |
| Noise Intensity | Very Quiet  Quiet  Moderate  Loud  Very Loud | | | | |  | | | |
| Other: |  |  |  |  |  |  | | | |

**Analyst’s Comments:**

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**Possible Employer Modifications:**

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**Update Comments (*if applicable*):**

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**Note:** The information for this job analysis was gathered by either on-site observation, interview and / or is representative of the labor market as indicated on page one. Additional data may have been obtained from standardized industry resources such as the DOT, GOE, COJ, OOH, WOIS and O-NET. On occasion, practicality and feasibility prevent the direct observation and/or gathering of objective, quantifiable data. For this reason, a “best estimate” may have been used.

**Analyst: Update (if applicable):**

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| Vocational Consultant |  | Date | Vocational Consultant |  | Date |

**Employer Verification: Employee Verification:** (optional)

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|  |  |  |  |  |  |  |
| Name |  | Date | Name |  | Date |

**MEDICAL PROVIDER:**

I agree that the employee can perform the physical activities described in this job analysis and can return to work. Date employee is released to return to work if different from today’s date:

I agree the employee can perform the described job but only with modifications (describe in comments section). Modifications are needed on a  permanent basis or  temporary basis.

The employee ***temporarily*** cannot perform this job based on the following physical limitations:

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| **Anticipated release date:** |  |
| **Treatment plan:** |  |

The employee is ***permanently*** restricted from performing the physical activities described in this job analysis based on the following physical limitations (state objective medical findings):

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**Comments:**

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| --- | --- | --- |
| Signature |  | Date |

|  |  |  |
| --- | --- | --- |
| Print Name |  |  |

Attending Physician  Consulting Physician  Pain Program Physician

IME Physican  PCE Therapist  OT / PT Therapist  PEP Physician