



Injury management—job description and essential functions

Date _____

Company _____

Department _____

Employee name _____

Job title _____

1. **Employee's duties** (Provide a basic description of the job duties.)

Check one: Regular job Temporary or modified job

2. **Work positions:** Work performed in which posture? Indicate frequency.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Twisting | <input type="checkbox"/> Continuously | <input type="checkbox"/> Frequently | <input type="checkbox"/> Infrequently |
| <input type="checkbox"/> Standing | <input type="checkbox"/> Continuously | <input type="checkbox"/> Frequently | <input type="checkbox"/> Infrequently |
| <input type="checkbox"/> Sitting | <input type="checkbox"/> Continuously | <input type="checkbox"/> Frequently | <input type="checkbox"/> Infrequently |
| <input type="checkbox"/> Reaching | <input type="checkbox"/> Continuously | <input type="checkbox"/> Frequently | <input type="checkbox"/> Infrequently |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Continuously | <input type="checkbox"/> Frequently | <input type="checkbox"/> Infrequently |
| <input type="checkbox"/> Climbing | <input type="checkbox"/> Continuously | <input type="checkbox"/> Frequently | <input type="checkbox"/> Infrequently |
| <input type="checkbox"/> Kneeling | <input type="checkbox"/> Continuously | <input type="checkbox"/> Frequently | <input type="checkbox"/> Infrequently |
| <input type="checkbox"/> Push and pull | <input type="checkbox"/> 6-8 Hours/Day | <input type="checkbox"/> 2-6 Hours/Day | <input type="checkbox"/> 0-2 Hours/Day |
| <input type="checkbox"/> Bending | <input type="checkbox"/> 6-8 Hours/Day | <input type="checkbox"/> 2-6 Hours/Day | <input type="checkbox"/> 0-2 Hours/Day |

3. **Physical demands of jobs**

Lifting

Type of materials _____ Weight _____ Frequency _____

Carrying

Type of materials _____ Weight _____ Distance carried _____

Tool usage

Type of tools _____ Frequency _____

Forceful grip required? Yes No

Work hours _____ Number and length of breaks or rest periods _____

Misc. Indicate any other special or unusual job demands

4. **Working environment**

- | | | | | | |
|---------------------------------------|--|-------------------------------|--|------------------------------|-----------------------------|
| <input type="checkbox"/> Indoors | <input type="checkbox"/> Temp. extremes: | <input type="checkbox"/> Heat | Moving machinery | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Outside | | <input type="checkbox"/> Cold | Vehicle driving | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Below ground | | | Personal protective equipment required | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Heights | | | | | |

Describe: _____

This form, supplied by United Fire Group, merely provides minimum guidelines for you to follow and may be utilized as a tool for fact-gathering purposes to assist in your investigation. The information requested above is not exhaustive and you should, at your own discretion, request any necessary additional information as the specific situation may warrant.