

**CITY OF DULUTH
PHYSICAL DEMANDS DOCUMENTATION CHECKOFF LIST**

Job Title: _____

Date: _____

Required:

Documentation in a job description to accurately reflect the essential duties of the job and physical demands.

Specify Significant PHYSICAL DEMANDS for the Job Requirements:

Clarify how much on-the-job time is spent on the physical activities required to perform the job effectively. Use the chart below to develop your description of physical demands by checking the appropriate boxes.

1. How much daily/weekly on-the-job time is spent on the following physical activities? (Use blank rows to fill in other physical demands not listed in this document.)

	<u>Amount of Time</u>				
	<u>None</u>	<u>Under ½</u>	<u>Up to ½</u>	<u>Up to ¾</u>	<u>Over ¾</u>
Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use hands to finger, handle, or feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach with hands and arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typical height required of reach: _____ in. / Typical weight of object(s) used while reaching: _____ lbs.					
Climb or balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoop, kneel, crouch, or crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk or hear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taste or smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Does this job require that weight be lifted or force be exerted? If so, how much and how often?

	<u>Amount of Time</u>				
	<u>None</u>	<u>Under ½</u>	<u>Up to ½</u>	<u>Up to ¾</u>	<u>Over ¾</u>
Up to 10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 25 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 50 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 50 pounds with assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Does this job have any special vision requirements?

- Close vision (clear vision at 20 inches or less)
- Distance vision (clear vision at 20 feet or more)
- Color vision (ability to identify and distinguish colors)
- Peripheral vision (ability to observe an area that can be seen up and down or to the left and right while eyes are fixed on a given point)
- Depth perception (three-dimensional vision, ability to judge distances and spatial relationships)
- Ability to adjust focus (ability to adjust the eye to bring an object into sharp focus)
- No special vision requirements

4. Specify the essential job duties that require the physical demands indicated above. (e.g., Requires standing ½ of the time.)

CITY OF DULUTH
WORK ENVIRONMENT DOCUMENTATION CHECKOFF LIST

Job Title: _____

Date: _____

Required:

Documentation in a job description to accurately reflect the essential duties of the job and work environment.

Specify Significant WORK ENVIRONMENT for the Job Requirements:

Clarify how much on-the-job time work environment conditions are required to perform the job effectively. Use the chart below to develop your description of work environment by checking the appropriate boxes.

1. How much daily/weekly exposure to the following environmental conditions does this job require?

	<u>Amount of Time</u>				
	None	Under 1/3	Up to 1/3	Up to 2/3	Over 2/3
Wet or humid conditions (non-weather)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work near moving mechanical parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work in high, precarious places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fumes or airborne particles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic or caustic chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor weather conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme cold (non-weather)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme heat (non-weather)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of electrical shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of radiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How much noise is typical for the work environment of this job?

- Very quiet conditions (examples: forest trail, isolation booth for hearing test)
- Quiet conditions (examples: library, private office)
- Moderate noise (examples: business office with computers and printers, light traffic)
- Loud noise (examples: metal can manufacturing department, large earth-moving equipment)
- Very loud noise (examples: jack hammer work, front row at rock concert)

3. Specify the essential job duties that require the work environment conditions indicated above.