

			<b>Frequency</b>		<b>Description</b>		<b>%age of Day</b>					
			0(Never)		Never		0%					
<b>Task Analyzed:</b>			1(Seldom)		Not Daily		Not Daily					
<b>Location:</b>			2(Minor)		1-2 hours/shift		7-32 %					
<b>Date Analyzed:</b>			3(Required)		3-5 hours/shift		33-65 %					
			4( Major)		> 5 hours/shift		66-100 %					
Analyzed By:												
<b>Physical Demands Assessment</b>			<b>Page 1 of 2</b>									
<b>Area</b>	<b>Check If</b>	<b>Weight Lifted kg</b>		<b>Frequency</b>					<b>Comments</b>			
<b>Assessed</b>	<b>Performed</b>	<b>Max</b>	<b>Usual</b>	<b>Never</b>	<b>Seldom</b>	<b>Minor</b>	<b>Required</b>	<b>Major</b>				
<b>Strength</b>				0	1	2	3	4				
Lifting												
Carrying												
Pushing												
Pulling												
Fine Finger Mvt												
Handling												
Gripping												
Reaching in front (at waist)												
Reaching to the side												
Reaching below shoulder												
Reaching above shoulder												
Foot action -1 foot												
Foot action -2 feet												
<b>Total</b>												
<b>Mobility</b>												
Throwing												
Sitting												
Standing												
Walking												
Running												
Climbing (stairs, ladders)												
Bending/Stooping												
Crouching												
Kneeling												
Crawling												
Twisting												
Balancing												
<b>Total</b>												
<b>Sensory/Perception</b>												
Hearing												
(Conversation)												
(Other Sounds)												
Vision												
(Far)												
(Near)												
(Colour)												
(Depth)												
(Spatial)												
(Form)												
Feeling												
Reading												
Writing												
Speech												
<b>Total</b>												

Physical Demands Assessment				Page 2 of 2					
	Check If	Weight	Lifted			Frequency			Comments
	Performed	Max	Usual	Never	Seldom	Minor	Required	Major	
<b>Work Environment</b>				0	1	2	3	4	
Inside Work									
Outside Work									
Hot/Cold									
Humid/Dry									
Dust									
Vapour Fumes									
Noise									
Moving Objects									
Hazardous Machines									
Electrical									
Sharp Tools									
Radiant/Thermal Energy									
Congested Site									
Allergies									
<b>Total</b>									
<b>Conditions Of Work</b>									
Traveling									
Work Alone									
Work With Team									
Deadline Pressures									
Public Interaction									
Operate Equipment/Machines									
Shifts (evenings, days)									
<b>Total</b>									
<b>Human Rights Considerations</b>									
Wheelchair Access	<b>(Bold)</b>	Yes	No						
<b>Other Comments</b>									
<b>Physical Demands Assessment Totals</b>									
<b>Area</b>	<b>Check If</b>	<b>Weight</b>	<b>Lifted</b>			<b>Frequency</b>			<b>Comments</b>
<b>Assessed</b>	<b>Performed</b>	<b>Max</b>	<b>Usual</b>	<b>Never</b>	<b>Seldom</b>	<b>Minor</b>	<b>Required</b>	<b>Major</b>	
<b>Final Totals</b>				0	1	2	3	4	
<b>Strength</b>	0	0	0	0	0	0	0	0	
<b>Mobility</b>	0	0	0	0	0	0	0	0	
<b>Sensory/Perception</b>	0	0	0	0	0	0	0	0	
<b>Work Environment</b>	0	0	0	0	0	0	0	0	
<b>Conditions Of Work</b>	0	0	0	0	0	0	0	0	