

OHIO DEPARTMENT OF NATURAL RESOURCES JOB ANALYSIS FORM

Employee's Name:				
Social Security Number:				
Employer:				
Contact Person:				
Title:				
Phone No.:				
Injured Worker's <u>Current</u> Job Title:				
Tasks/Functions To Be Performed Under TWP:				
Machines, Tools or Other Special Equipment Used for Temporarily Assigned Work Duties:				
Physical Demands of TWP Duties: In a usual 8-hour day, how many hours will the employee spend in the following positions:				
Standing: _____ Sitting: _____ Walking: _____				
	Never 0%	Occasionally (133%)	Frequently (34-66%)	Continuous (67-100%)
LIFT:				
10 lbs.	<input type="checkbox"/>	cl	<input type="checkbox"/>	<input type="checkbox"/>
11-20 lbs.	cl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21-50 lbs.	cl	<input type="checkbox"/>	<input type="checkbox"/>	cl
51-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARRY:				
10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cl
21-50 lbs.	cl	<input type="checkbox"/>	<input type="checkbox"/>	cl
51-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	cl	<input type="checkbox"/>
Bend	<input type="checkbox"/>	cl	cl	<input type="checkbox"/>
Squat	cl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cl
Balance	<input type="checkbox"/>	<input type="checkbox"/>	cl	<input type="checkbox"/>
Reach	cl	cl	<input type="checkbox"/>	cl
Handling	<input type="checkbox"/>	<input type="checkbox"/>	cl	cl
-Comments:				
Supervisor's Signature			TWP Coordinator's Signature	