



## Model Job Demands Checklist

This information is used to manage the risk associated with the position in relation to the occupant. It may be used to provide information about the position to a health professional for the purpose of conducting a pre-employment medical or return to work program following a workplace incident.

Position title:

Physical Demands of Job Tasks				
Task	Rarely	Occasional	Frequent	Constant
Percentage performed per day	1 – 5%	6 – 33%	34 – 66%	67 – 100%
<b>Sitting/Standing</b> – Sedentary work that primarily involves sitting/standing. for long periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Walking</b> – floor type: even/uneven/slippery, indoors/outdoors, slopes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bend/lean forward from waist</b> – forward bending from the waist to perform tasks. Moving self in different positions to accomplish tasks (bend, twist, lean)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Kneeling/squatting or crouching</b> to perform tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Leg/foot movement</b> – use of leg and/or foot to operate motor vehicles or heavy equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Climbing (stairs/ladders)</b> – ascend/descend stairs, ladders, steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lifting/carrying</b> – light work that includes moving objects up to 9 kg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lifting/carrying</b> – medium work that includes moving objects up to 15 kg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lifting/carrying</b> – heavy work that includes lifting objects up to 25kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reaching</b> – arms fully extended forward or raised above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Pushing/Pulling/Restraining</b> – using force to hold/restrain or move objective toward or away from the body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hand/Arm movements</b> - Repeating motions that may include the wrists, hands and/or fingers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hand/Arm movements</b> - Use of pneumatic or electro-mechanical tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Work at Heights</b> – using ladders, footstools, scaffolding or other objects to perform work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Sensory Demands of Job Tasks</b>				
<b>Task</b>	<b>Rarely</b>	<b>Occasional</b>	<b>Frequent</b>	<b>Constant</b>
<b>Percentage performed per day</b>	1 – 5%	6 – 33%	34 – 66%	67 – 100%
<b>Sight</b> – use of sight is an integral part of work performance (e.g. viewing computer screens, capability to see colours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hearing</b> – use of hearing is an integral part of work performance (e.g. phone enquiries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Smell</b> – use of smell is an integral part of work performance (e.g. working with chemicals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Taste</b> – use of taste is an integral part of work performance (e.g. food preparation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Touch</b> – use of touch is an integral part of work performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Psychosocial Demands of Job Tasks</b>				
<b>Task</b>	<b>Rarely</b>	<b>Occasional</b>	<b>Frequent</b>	<b>Constant</b>
<b>Percentage per day</b>	1 – 5%	6-33%	34 – 66%	67 – 100%
<b>Distressed people</b> – (e.g. emergency or grief situations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Aggressive and uncooperative people</b> – (e.g. drug/alcohol, dementia, mental illness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Unpredictable people</b> – (e.g. dementia, mental illness, head injuries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Environmental Demands of Job Tasks				
Task	Rarely	Occasional	Frequent	Constant
<b>Percentage per day</b>	1 – 5%	6-33%	34 – 66%	67 – 100%
<b>Poor ventilation of (dust/gases/fumes)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hazardous substances or conditions requiring PPE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Noisy environments – environmental/background noise necessities people raise their voice to be heard</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Low or High temperatures – temperatures less than 15°C or more than 35°C</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Confined spaces – areas where only one egress (escape route) exists</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note any other comments on significant physical or other functional demands required to perform this role.

**Management Approval – Service Manager**  
Or other manager where applicable

**Name:**

**Signature:**

**Date:**