Job Analysis Form

Return completed form to:

BrickStreet Insurance
P.O. Box 3151
Charleston, WV 25332-3151

Claimant Name:		SSN:
Claim Number:		DOI:
Job Title:	DOT #:	Skill Level (SVP):
Employer Address:		Contact Person:
		Phone:
		Fax:
Job Description:		
Company Stated Qualifications:		

Job Details		
Days Worked: S M T W R F S	Hours per Day:	Hours per Week:
Salary: $ per hour / per day / per week / per month	Lunch Period:	

Physical Demands: (N) = Never, (R) = Rarely, (O) = Occasionally [1-33%], (F) = Frequently [34-66%], (C) = Continuously [67-100%]

Climb _____	Push _____	Pull _____	Reach (where and how often)		
Balance _____	Stoop _____	Kneel _____			
Crawl _____	Handle _____	Squat _____			
Finger _____	Feel _____	Hear _____	Vision, Near _____	Vision, Far _____	Vision, Depth Perception _____
Taste / Smell _____	Stand _____	Walk _____	Vision, Accommodation _____	Vision, Field _____	Vision, Color Discrimination _____

Sit _____	Lift Under 5 lbs _____	Lift 5-10 lbs _____	Lift 11-15 lbs _____	Lift 16-20 lbs _____	Lift 21-25 lbs _____
Foot Controls _____	Lift 26-30 lbs _____	Lift 31-35 lbs _____	Lift 36-40 lbs _____	Lift 41-45 lbs _____	Lift 46-50 lbs _____
Arm / Hand Controls _____	Lift 51-575 lbs _____	Lift 76-100 lbs _____	Lift over 100 lbs _____		

Other:

Working Conditions

☐ Inside	☐ Outside	☐ Both Inside and Outside	☐ Cold	☐ Heat	☐ Odor
☐ Fumes	☐ Vibration	☐ Wet / Humidity	☐ Heights	☐ Dust	☐ Chemicals

Noise

☐ Very Quiet	☐ Quiet	☐ Moderate	☐ Loud	☐ Very Loud

Hazards (please list):

Machines / Tools / Equipment / Work Aides:

Essential Functions:

Work Area (include any architectural barriers):

Other:

Physician Review: ☐ Approved ☐ Disapproved

Physician Signature

Required Modifications:

Comments

Date: