encova INSURANCE

JOB ANALYSIS FORM

Return completed form to:
Encova Insurance
P.O. Box 3151
Charleston, WV 25332-3151
Or fax to: 877-898-6980

Claimant name		Social Security number	
Claim number		Date of injury	
Job title	DOT number		Skill level (SVP)
Employer address		Contact person	
		Phone number	
		Fax number	
Job description			
Company stated qualifications			

Job details

Days worked ☐ S ☐ M ☐ T ☐ W ☐ TH ☐ 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 51-75 lbs.	Lift 75-100 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 ☐ Approve ☐ Disapprove	Physician signature

Required modifications

Comments

Date