



PO BOX 2000 185 THE WEST MALL SUITE 600
 ETOBICOKE ON M9C 5L5
 TELEPHONE: 1-800-355-9133 FAX: (416) 626-0997

JOB DESCRIPTION

IMPORTANT: All information should pertain to the employee's regular duties immediately prior to his/her illness or injury.

Employee Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Policy No.	Identification No.
Job Title	Type of Occupation	
How long has employee worked at this job?		
Is there shift work involved? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of hours worked each week: _____		
Usual daily hours worked From _____ To _____		
Job duties and activities. (List most important first)		Hours per day
1. _____		/ _____
2. _____		/ _____
3. _____		/ _____
4. _____		/ _____
5. _____		/ _____
Machinery, tools or equipment normally used.		Frequency of use
1. _____		/ _____
2. _____		/ _____
3. _____		/ _____
4. _____		/ _____
5. _____		/ _____

STRENGTH								
Check only those applicable to the duties of this employee								
Activities	Frequency					Weight		Comments
	Not Performed	Not Performed Daily	- 1 Hour Daily	1 - 3 Hours Daily	+ 3 Hours Daily	Usual	Max	
Lifting								
Pushing								
Pulling								
Manual Dexterity								

MOBILITY			
Activities		Frequency	Comments
	Not Performed	Average Daily Duration (11 Hours)	
Sitting			
Standing			
Walking			
Climbing			
Bending / Stooping			
Crouching			
Kneeling			

WORK ENVIRONMENT			Check only those applicable to the duties of this employee
Activities		Comments	
Inside Work	<input type="checkbox"/>		
Outside Work	<input type="checkbox"/>		
Temperature (Hot / Cold)	<input type="checkbox"/>		
Humid / Dry	<input type="checkbox"/>		
Dust	<input type="checkbox"/>		
Vapor Fumes	<input type="checkbox"/>		
Noise	<input type="checkbox"/>		
Moving Objects	<input type="checkbox"/>		
Hazardous	<input type="checkbox"/>		
Electrical Tools	<input type="checkbox"/>		
Sharp Tools	<input type="checkbox"/>		
Vibratory Tools	<input type="checkbox"/>		
Slippery Area	<input type="checkbox"/>		
Operate Motor Vehicle	<input type="checkbox"/>		
Travelling	<input type="checkbox"/>		
Work alone	<input type="checkbox"/>		
Work in Group	<input type="checkbox"/>		
Time Deadlines	<input type="checkbox"/>		
Interact - Public	<input type="checkbox"/>		

Is there undue amount of stress in this job, such as extreme noise, rapid pace of work, monotony, deadlines, etc? Yes No
 If Yes, please specify.

Please add any additional information you believe will help us understand this job (relate physical demands to specific employee)

Employer's Signature _____ Position / Title _____

I hereby certify that I have carefully read this job description and consider it to be a true and accurate account of my regular duties.

Employee's Signature _____ Date _____