

ESSENTIAL FUNCTIONS PHYSICAL STANDARDS

JOB TITLE: _____

DEPARTMENT: _____

Under the ADA regulations, it is required that the essential elements of the position be identified and used as a basis for conducting the recruitment and screening process prior to advertising a particular position. Using the job description as your guideline, please identify the essential functions of this position.

ESSENTIAL FUNCTIONS: Consider the important aspects of the job, the amount of time spent performing those tasks, the frequency of performing them, and the consequences of error. What are the most important (essential) functions?

Please use the following information for categorizing the FREQUENCY of each activity performed in a work day:

<u>Repetitions Per Hour</u>	<u>Frequency Per Day</u>	<u>Lifting Levels</u>
Rare = Less than 1 time/hour	Rare = 5 minutes or less	#1 = Floor to Waist
Occasional = 1 - 4 times/hour	Occasional = Greater than 5 minutes to 2.5 hours	#2 = Waist to Shoulder
Frequent = 5 - 24 times/hour	Frequent = Greater than 2.5 hours to 5.5 hours	#3 = Shoulder to Overhead
Constant = Greater than 24 times/hour	Constant = Greater than 5.5 hours to 8 hours	#4 = Other (Specify) _____

Non Material Handling/Positional Tolerances

Activity	Not Req'd	Rare	Occasional	Frequent	Constant	Modification Available?
Sitting						
Standing						
Walking						
Stair Climb						
Static Bend						
Rep. Bend						
Forward Reach						
Overhead Reach						
Rep. Squatting						
Static Squat						
Kneeling						
Crawling						
Pivot Turn						
Pivot Twisting						
Ladder Climb						
Balancing						
Fine Manipulation						
Simple Grasp						
Power Grasp						
Pushing Distance _____ Weight _____						
Pulling Distance _____ Weight _____						

Material Handling

	CARRYING		Can it be modified?		LIFTING		Can it be modified?	
	Distance	Frequency	Yes	No	Level	Frequency	Yes	No
10 lbs. or less								
11 - 25 lbs.								
26 - 50 lbs.								
51 - 75 lbs.								
75 - 100 lbs.								
100 + lbs.								

Heaviest item CARRIED and how far: _____

Heaviest item LIFTED and what level(s): _____

Longest distance CARRIED: _____

WORKING CONDITIONS: Exposure to: **DUST** [] Yes [] No **CHEMICALS** [] Yes [] No **NOISE** [] Yes [] No

List tools/equipment to be operated: _____
