

CSN: \_\_\_\_\_

Classification: \_\_\_\_\_

<b>ESSENTIAL PHYSICAL REQUIREMENTS</b>			
<b>Activity (check frequency)</b>	<b>FREQUENCY</b>		
	<b>Occasional</b>	<b>Frequent</b>	<b>Constant</b>
	<b>1-33% of Day 0-100 Reps/Day</b>	<b>34-66% 101-800 Reps/Day</b>	<b>67-100% &gt;800 Reps/Day</b>
<b>Bending</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Squatting</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Gross hand manipulation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fine hand manipulation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Working in dust, fumes, gases, or irritants</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Climbing stairs or ladders</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Operating motor vehicles</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sitting</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Standing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Walking</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Working above shoulder level</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Twisting</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Kneeling</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pushing or pulling*</b>	lbs. <input type="text"/>	lbs. <input type="text"/>	lbs. <input type="text"/>
<b>Carrying*</b>	lbs. <input type="text"/>	lbs <input type="text"/>	lbs <input type="text"/>
<b>Lifting*</b>	lbs. <input type="text"/>	lbs <input type="text"/>	lbs <input type="text"/>
<b>Other (Please List)</b>			
<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*List weight requirements in each applicable frequency (i.e. 75 lbs on an occasional basis and 50 lbs on a frequent basis).