

State of Illinois
Department of Central Management Services
DEMANDS OF THE JOB

EMPLOYEE NAME: _____

SOC. SEC. NO.#: _____

ADDRESS: _____

JOB TITLE: _____

Please indicate, by using the letter a through g in the grading system below, the average daily job demand of the above named employee. If lifting is involved, please indicate if the employee must also carry the object. Also, indicate if the employee would have intermittent rest while performing the demand.

GRADING SYSTEM

A - (6- 8 hrs per day) C - (2 - 4 hrs per day) E - (less than 3 times per week) G - Never
B - (4 - 6 hrs per day) D - (0 - 2 hrs per day) F - (less than 3 times per month)

DEMANDS OF THE JOB

- _____ 1. Working on or with moving machine (with without intermittent rest)
- _____ 2. Working on or with moving machinery using foot controls (with without intermittent rest)
- _____ 3. Driving automotive equipment - including loading & unloading (with without intermittent rest)
- _____ 4. Driving automotive equipment (with without intermittent rest)
- _____ 5. Lifting 1-10 lbs. (with without carrying)(with without intermittent rest) (number of times a day _____)
- _____ 6. Lifting 11-20 lbs. (with without carrying)(with without intermittent rest) (number of times a day _____)
- _____ 7. Lifting 21-30 lbs. (with without carrying)(with without intermittent rest) (number of times a day _____)
- _____ 8. Lifting 31-40 lbs. (with without carrying)(with without intermittent rest) (number of times a day _____)
- _____ 9. Lifting 41-50 lbs. (with without carrying)(with without intermittent rest) (number of times a day _____)
- _____ 10. Lifting 51-60 lbs. (with without carrying)(with without intermittent rest) (number of times a day _____)
- _____ 11. Lifting 61-70 lbs. (with without carrying)(with without intermittent rest) (number of times a day _____)
- _____ 12. Lifting 71-80 lbs. (with without carrying)(with without intermittent rest) (number of times a day _____)
- _____ 13. Lifting 81-90 lbs. (with without carrying)(with without intermittent rest) (number of times a day _____)
- _____ 14. Lifting 91-100 lbs. (with without carrying)(with without intermittent rest) (number of times a day _____)
- _____ 15. If lifting is necessary, is help available to perform the lifting? (yes no).
- _____ 16. Pushing and hand trucking (weight: _____) (with without rest) (Number of times per day _____)
- _____ 17. Climbing stairs - (with without intermittent rest)
- _____ 18. Climbing ladders - (with without intermittent rest)
- _____ 19. Walking - (with without intermittent rest)
- _____ 20. Standing - (with without intermittent rest)
- _____ 21. Sitting
- _____ 22. Bending or stooping - (with without intermittent rest)
- _____ 23. Reaching above shoulder level - (with without intermittent rest)
- _____ 24. Use of hands for gross manipulation (grasping, twisting, handling)
- _____ 25. Use of hands for fine manipulation (typing, good finger dexterity)
- _____ 26. Wet work - hands
- _____ 27. Wet work - feet
- _____ 28. Dust, fumes, gases - respiratory irritants
- _____ 29. Dust, fumes, gases - skin irritants
- _____ 30. Dust, fumes, gases - allergic irritants
- _____ 31. Other/comments (use back of form if necessary)

Date: _____, 20____

Signature of Supervisor: _____

Title

Name of Agency: _____

Phone: _____

Address: _____

Street and Number

City or Town

State

Zip Code