

Return to Work Program - Identifying Task Demands



This tool can be used in conjunction with Loss Control Tool - Return to Work Program Template (22-1409).

Sample Job Task Analysis

Follow these steps for completing the analysis and assessment:

1. Use these definitions to complete the top of the form:

- a. Task title: Name of the task being assessed.
- b. Date: Date the form is completed.
- c. Task duration: Length of time or hours the employee spends doing this task in one day.
- d. With breaks: Does the employee take breaks, length of breaks and frequency?
- e. Overtime: Average hours of overtime employee typically works per day/week.
- f. Task description: Brief description of task. (Use task inventory form to list the steps for each task).

2. Fill in Sections 1 through 5 and make comments.

- a. Postures: Observe the employee's postures (standing, sitting, walking or driving) during the task. First, circle the number of hours or length of time the employee stays in the posture without changing. Second, circle the total (cumulative) number of hours or length of time that the employee is in a posture while doing this task during the day.
- b. Lifting and Carrying: Observe any manual lifting and carrying during the task. For each category of weight, mark how frequently the weight must be lifted or carried. If the employee never lifts this amount of weight, mark "0 percent". If the employee lifts this weight less than one-third of the day, mark "occasionally"; between one third and two thirds of the day, mark "frequently"; and more than two thirds, mark "constantly". For each weight, note how high the load must be lifted and how far the weight is carried.
- c. Actions and Motions: Observe the different actions and motions during the task. Write a description that explains why the employee must take action or motion. Show total amount of time during the day the employee spends performing each action or motion using the following definitions.
 - Pushing: Moving an object away from you, including kicking, slapping, pressing, and striking an object. Example: pushing a dolly.
 - Pulling: Moving an object toward you, including jerking or sliding an object. Example: Dragging a box across the floor.
 - Climbing: Using legs, arms, hands or feet to move up or down a structure such as stairs, ladders, scaffolds, and ramps. Example: Climbing a telephone pole.
 - Balancing: Moving in a manner that requires you to keep from falling because of unstable surfaces such as slippery, moving or narrow spaces.
 - Bending: Using your back and legs to bend forward and downward. Example: Leaning over a car engine to do a repair.

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- **Twisting:** Rotating your upper body in a different direction than your lower body.
Example: reaching behind you to pick up parts.
 - **Squatting:** Lowering your body by bending at knees.
 - **Crawling:** Moving forward while on your hands and knees.
 - **Kneeling:** Lowering your body onto one knee or both knees.
 - **Reaching:** Moving your hands and arms toward an object at arm's length in any direction from the body.
 - **Handling:** Using hands to hold, grasp, grip or turn an object.
 - **Fingering:** Using your fingers to pinch, pick or manipulate objects, especially small ones.
 - **Feeling:** Using hands and fingers to perceive the shape, size, texture, temperature or other characteristic of an object.
 - **Repetitive:** Using your feet, legs, hands, arms, etc. continuously in the same motion or motions.
3. **Equipment:** Observe any equipment, tools or machinery the employee uses during the task. Describe the name or type of each tool or piece of equipment. Mark how often it is used: never, occasionally, frequently, or constantly. Note any information about the physical demands of operating the tools or equipment.
 4. **Environmental Conditions:** Observe the environment the employee is exposed to during the task such as vibration, noise, heat or cold. For each condition, describe the specific type of environmental condition and list the frequency or exposure. Note any other information about the physical demands of working in this environmental condition.

Sample - Identifying Task Demands

Task Title: _____ Date: _____
 Duration of task (hours/day): _____ Breaks: _____
 Average Overtime (day/week): _____
 Task Description: _____

1. Postures

Posture	Hours									
	1/2	1	2	3	4	5	6	7	8	8+
Stand: at one time	1/2	1	2	3	4	5	6	7	8	8+
Stand: total hours/day	1/2	1	2	3	4	5	6	7	8	8+
Sit: at one time	1/2	1	2	3	4	5	6	7	8	8+
Sit: Total hours/day	1/2	1	2	3	4	5	6	7	8	8+
Walk: at one time	1/2	1	2	3	4	5	6	7	8	8+
Walk: Total hours/day	1/2	1	2	3	4	5	6	7	8	8+
Drive: at one time	1/2	1	2	3	4	5	6	7	8	8+
Drive: total hours/day	1/2	1	2	3	4	5	6	7	8	8+

Comments: _____

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2. Lifting/Carrying

Lifting/Carrying						
Weight	Frequency				Height of Lift	Distance of Carry
	Never (0%)	Occasionally (0-33%)	Frequently (34-66%)	Constantly (67-100%)		
1-10 lbs						
11-20 lbs						
21-50 lbs						
51-100 lbs						
100+ lbs						

Comments: _____

3. Actions/Motions

Lifting/Carrying				
Weight	Frequency			
	Never (0%)	Occasionally (0-33%)	Frequently (34-66%)	Constantly (67-100%)
Pushing				
Pulling				
Climbing				
Balancing				
Bending				
Twisting				
Squatting				
Crawling				
Kneeling				
Reaching				
Handling				
Fingering				
Feeling				
Repetitive				
Hand Motion				
Foot Motion				
Other				

Comments: _____

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4. Equipment

Equipment	Frequency			
	Never (0%)	Occasionally (0-33%)	Frequently (34-66%)	Constantly (67-100%)
Tools				
Machinery				
Equipment				

Comments: _____

5. Environmental Conditions

Environmental Condition	Frequency			
	Never (0%)	Occasionally (0-33%)	Frequently (34-66%)	Constantly (67-100%)
Vibration				
Noise				
Heat				
Cold				
Wet/Humid				
Extremely Dry				
Moving Parts				
Chemicals				
Electricity				
Radiation				
Other				

Comments: _____

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Sample Employee Contact Log

Employee Name: _____ Date of Injury: _____

Date/Time:

Notes:

Date/Time:

Notes:

Date/Time:

Notes:

Date/Time:

Notes:

Date/Time:

Notes:

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Date/Time:

Notes:

Resource: <http://www.tdi.texas.gov/wc/rtw/documents/registry.pdf>

Questions?

If you would like assistance with loss prevention and risk management, contact your insurance agent or Central's Loss Control Department at 800-736-7000 ext. 2478. A (excellent) rating by A.M. Best Company



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