

PHYSICAL REQUIREMENTS

Organization	Position Title & Grade
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A. Functional Requirements

1. Heavy lifting, 45 lbs and over <input type="checkbox"/>	2. Moderate lifting, 15-44 lbs <input type="checkbox"/>	3. Light lifting, under 15 lbs <input type="checkbox"/>	
4. Heavy carrying, 45 lbs and over <input type="checkbox"/>	5. Moderate carrying, 15-44 lbs <input type="checkbox"/>	6. Light carrying, under 15 lbs <input type="checkbox"/>	
7. Straight pulling (hours)	8. Pulling hand over hand (hours)	9. Pushing (hours)	
10. Reaching above shoulder <input type="checkbox"/>	11. Use of fingers <input type="checkbox"/>	12. Both hand required <input type="checkbox"/>	
13. Walking (hours)	14. Standing (hours)	15. Crawling (hours)	16. Kneeling (hours)
17. Repeated bending (hours)	18. Climbing, legs only (hours)	19. Climbing, use of legs and arms <input type="checkbox"/>	20. Both legs required <input type="checkbox"/>
21. Operation of crane, truck, tractor, or motor vehicle <input type="checkbox"/>		22. Ability for rapid mental and muscular coordination simultaneously <input type="checkbox"/>	
23. Ability to use and desirability of using firearms <input type="checkbox"/>			
24. Near vision correctable at 13" to 16" to Jaeger 1 to 4 <input type="checkbox"/>			
25. Far vision correctable in one eye to 20/20 and to 20/40 in the other <input type="checkbox"/>			
26. Far vision correctable in one eye to 20/50 and to 20/100 in the other <input type="checkbox"/>			
27. Specific visual requirements (Specify)		28. Both eyes required <input type="checkbox"/>	
29. Depth perception <input type="checkbox"/>	30. Ability to distinguish basic colors <input type="checkbox"/>	31. Ability to distinguish shades of colors <input type="checkbox"/>	
32. Hearing (aid permitted)	33. Hearing without aid	34. Specific hearing requirements	

B. Environmental Factors

1. Outside <input type="checkbox"/>	2. Outside and inside <input type="checkbox"/>	3. Excessive heat <input type="checkbox"/>	4. Excessive cold <input type="checkbox"/>
5. Excessive humidity <input type="checkbox"/>	6. Excessive dampness or chilling <input type="checkbox"/>	7. Dry atmospheric conditions <input type="checkbox"/>	
8. Excessive noise, intermittent <input type="checkbox"/>		9. Excessive noise, constant <input type="checkbox"/>	
10. Dust <input type="checkbox"/>	11. Silica, asbestos, etc. <input type="checkbox"/>	12. Fumes, smoke, or gases <input type="checkbox"/>	
13. Solvents (degreasing agents) <input type="checkbox"/>		14. Grease and oils <input type="checkbox"/>	
15. Radiant energy <input type="checkbox"/>		16. Electrical energy <input type="checkbox"/>	
17. Slippery or uneven walking surfaces <input type="checkbox"/>	18. Working around machinery with moving parts <input type="checkbox"/>	19. Working around moving objects or vehicles <input type="checkbox"/>	
20. Working on ladders or scaffolding <input type="checkbox"/>		21. Working below ground <input type="checkbox"/>	
22. Unusual fatigue factors (Specify)			
23. Working with hands in water <input type="checkbox"/>		24. Explosives <input type="checkbox"/>	25. Vibration <input type="checkbox"/>
26. Working closely with others <input type="checkbox"/>	27. Working alone <input type="checkbox"/>	28. Protracted or irregular hours of work <input type="checkbox"/>	
29. Other (specify)			
Organization			

Type Name and specify /signed/ for each requested signature

Supervisor's Signature	Medical Officer's Signature
Supervisor's Signature	Safety Officer's Signature