

# MEMIC JOB ANALYSIS

Partners for Workplace Safety<sup>SM</sup>

Employer: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 DOT Code: \_\_\_\_\_  
 Date: \_\_\_\_\_

Employee (if applicable): \_\_\_\_\_  
 Job Analysis Performed by: \_\_\_\_\_  
 Title: \_\_\_\_\_

1. Summary of job task:
2. Skills/training required to perform duties (specify):
3. Work hours: \_\_\_\_\_  
 Number of days worked per week: \_\_\_\_\_  
 Overtime Hours: \_\_\_\_\_
4. Machines, tools, equipment used as part of the job:

Breaks First: \_\_\_\_\_  
 Meal: \_\_\_\_\_  
 Last: \_\_\_\_\_

**Assess environmental factors employee is exposed to (circle most appropriate):**

- |  |  |
|--|--|
| <p>a. Low temp. (lowest environmental temp in which the employee will be required to work.)</p> <ol style="list-style-type: none"> <li>1. Work environment 40 – 60 F</li> <li>2. Work environment 15 – 40 F</li> <li>3. Work environment below 15 F</li> </ol>   | <p>b. High temp. (highest temp. in which the employee will be required to work.)</p> <ol style="list-style-type: none"> <li>1. Work environment 70 – 80 F</li> <li>2. Work environment 80 – 90 F</li> <li>3. Work environment over 90 F</li> </ol>   |
| <p>c. Wetness</p> <ol style="list-style-type: none"> <li>0. No exposure</li> <li>1. Occasional exposure to water or dampness</li> <li>2. Moderate exposure to water or dampness</li> <li>3. Constant work in/near water. Workers' clothes always damp or wet.</li> </ol>   | <p>d. Slippery Surfaces</p> <ol style="list-style-type: none"> <li>0. No exposure</li> <li>1. Occasional work on slippery surfaces (1-3 hrs/day)</li> <li>2. Moderate work on slippery surfaces (3-7 hrs/day)</li> <li>3. Constant work on slippery surfaces (7+ hrs/day)</li> </ol>   |
| <p>e. Uneven Surfaces</p> <ol style="list-style-type: none"> <li>0. No exposure</li> <li>1. Occasional work on uneven surfaces (1-3 hrs/day)</li> <li>2. Moderate work on uneven surfaces (3-7 hrs/day)</li> <li>3. Constant work on uneven surfaces (7+ hrs/day)</li> </ol>   | <p>f. High Elevations (unprotected exposure to heights)</p> <ol style="list-style-type: none"> <li>0. No exposure</li> <li>1. Work up to 5 feet above the ground</li> <li>2. Work from 5-10 feet above the ground</li> <li>3. Work above 10 feet from the ground</li> </ol>  |
| <p>g. Confined Spaces or Cramped Body Positions</p> <ol style="list-style-type: none"> <li>0. No exposure</li> <li>1. Work in cramped positions/confined spaces 1-3 hrs/day</li> <li>2. Work in cramped positions/confined spaces 3-7 hrs/day</li> <li>3. Work in cramped positions/confined spaces 7 or more hrs/day</li> </ol> | <p>h. Vibration (i.e., jack hammers, electric drills, sanders etc.)</p> <ol style="list-style-type: none"> <li>0. No exposure</li> <li>1. Minor vibration or short period of time (1-3 hrs/day)</li> <li>2. Some vibration or moderate period of time (3-7 hrs/day)</li> <li>3. Pronounced or continuous vibration (7+ hrs/day)</li> </ol> |
| <p>i. Non-ionizing Radiation (welding flash, microwaves, sunburn)</p> <ol style="list-style-type: none"> <li>0. No exposure</li> <li>1. Slight chance of exposure</li> <li>2. Moderate exposure</li> <li>3. Continuous/heavy exposure</li> </ol>   | <p>j. Ionizing Radiation (radioactive isotopes, x-rays)</p> <ol style="list-style-type: none"> <li>0. No exposure</li> <li>1. Slight chance of exposure</li> <li>2. Occasional exposure</li> <li>3. Continuous or heavy exposure</li> </ol>  |
| <p>k. Toxic Conditions (exposure to substances with known or suspected significant toxic health effects).</p> <ol style="list-style-type: none"> <li>0. No exposure</li> <li>1. Slight likelihood of exposure</li> <li>2. Moderate likelihood of exposure</li> <li>3. High likelihood of exposure</li> </ol>                     | <p>l. Infection (exposure to infections that can cause significant illness or death.)</p> <ol style="list-style-type: none"> <li>0. No exposure</li> <li>1. Minimal exposure to infections</li> <li>2. Moderate exposure to infections</li> <li>3. Frequent exposure to infections</li> </ol>  |
| <p>m. Noise</p> <ol style="list-style-type: none"> <li>0. No exposure to loud noises</li> <li>1. Slight, occasionally fairly loud sounds</li> <li>2. Moderate, steady and fairly loud noise, level below 85db</li> <li>3. Severe, loud noise &gt; 85db. Requires OSHA hearing protection</li> </ol>                              | <p>n. List toxic substances employees may be exposed to:</p> <p>_____</p> <p>_____</p> <p>_____</p>  |

6. Moving equipment/vehicles driven as part of job

7. Amount of each day spent: Standing \_\_\_\_% Walking \_\_\_\_% Sitting \_\_\_\_%

8. Employee works: Inside \_\_\_\_% Outside \_\_\_\_%

9. While performing job, employee required to:

- a. Drive Yes \_\_\_ No \_\_\_
- b. Twist Yes \_\_\_ No \_\_\_
- c. Stoop/Bend Yes \_\_\_ No \_\_\_
- d. Squat Yes \_\_\_ No \_\_\_
- e. Kneel Yes \_\_\_ No \_\_\_
- f. Crawl Yes \_\_\_ No \_\_\_
- g. Climb Ladders Yes \_\_\_ No \_\_\_
- h. Climb Stairs Yes \_\_\_ No \_\_\_
- i. Walk on uneven ground Yes \_\_\_ No \_\_\_
- j. Work above Shoulder level Yes \_\_\_ No \_\_\_
- k. \_\_\_\_\_ Yes \_\_\_ No \_\_\_

10. The heaviest weight lifted while either sitting or standing in one place weighs \_\_\_\_\_. The object's name is \_\_\_\_\_ and the estimated times lifted daily are \_\_\_\_\_.

11. The heaviest weight carried while walking from place to place weighs \_\_\_\_\_. The object's name is \_\_\_\_\_ and the estimated times carried daily are \_\_\_\_\_.

12. The heaviest weight pushed/pulled weighs \_\_\_\_\_. The object's name is \_\_\_\_\_ and it is pushed/pulled a distance of \_\_\_\_\_ and at a frequency of \_\_\_\_\_.

13. Physical Activity Required:

	Total Hours Performed Daily						Const.
	Never	1 or <	1-2	3-4	5-6	7-8	
Lifting under 10 lbs.	_____	_____	_____	_____	_____	_____	_____
Lifting 10 – 25 lbs.	_____	_____	_____	_____	_____	_____	_____
Lifting 25 – 50 lbs.	_____	_____	_____	_____	_____	_____	_____
Lifting over 50 lbs.	_____	_____	_____	_____	_____	_____	_____
Carrying under 10 lbs.	_____	_____	_____	_____	_____	_____	_____
Carrying 10 – 25 lbs.	_____	_____	_____	_____	_____	_____	_____
Carrying 25 – 50 lbs.	_____	_____	_____	_____	_____	_____	_____
Carrying over 50 lbs.	_____	_____	_____	_____	_____	_____	_____
Reaching above shoulder height	_____	_____	_____	_____	_____	_____	_____
Reaching at shoulder height	_____	_____	_____	_____	_____	_____	_____
Reaching below shoulder height	_____	_____	_____	_____	_____	_____	_____

14. Hand/wrist repetitions (circle appropriate response):

- 0. Not a requirement of this job
- 1. Infrequent- 1-960/day (960 based on 2 repetitions/minute)
- 2. Moderate- 961-2880/day (2880 based on 6 repetitions/minute)
- 3. Frequent- 2881 or more (more than 6 repetitions/minute)

15. Wrist Position (degree either wrist must deviate from neutral position- please circle appropriate response):

- 0. Not a requirement of this job
- 1. Slight deviation of wrist
- 2. Moderate deviation of wrist
- 3. Extensive deviation

**13. Pinching (please circle appropriate response):**

- 0. Not a requirement of this job
- 1. Infrequent- 1 – 120 pinches/day (120 based upon 15 pinches/hr.)
- 2. Moderate- 121 – 480 pinches/day (480 based upon 1 pinch/minute)
- 3. Frequent- 481 or greater pinches/day (over 1 pinch/minute)

17. Does this job require use of both hands? Yes \_\_\_\_\_ No \_\_\_\_\_

18. If yes, amount of time job does require use of both hands \_\_\_\_\_.

**19. Hearing (please circle appropriate response):**

- 0. Not a requirement of this job (a deaf person could perform this job)
- 1. Requires hearing whispered voice at 3 feet (FAA Class III)
- 2. Requires hearing whispered voice at 8 feet (FAA Class II)
- 3. Requires hearing whispered voice at 20 feet (FAA Class I)

**20. Near Vision (requirement to see objects close up – please circle appropriate response):**

- 0. Not a requirement of this job
- 1. Requires minimal near vision
- 2. Requires 20/40 near vision
- 3. Requires 20/20 near vision

**21. Far Vision (requirement to see in the distance – please circle appropriate response):**

- 4. Not a requirement of this job
- 5. Requires minimal far vision
- 6. Requires 20/40 far vision
- 7. Requires 20/20 far vision

**22. Visual Color Discrimination (match or discriminate between colors – please circle appropriate response):**

- 0. Not a requirement of this job
- 1. Requires minimal color discrimination
- 2. Requires discriminating between red, green and white
- 3. Requires both red/green and blue/violet discrimination

**23. Visual Depth Perception (determine the distance and relationship between objects – please circle appropriate response):**

- 0. Not a requirement of this job
- 1. Minimal depth perception required
- 2. Moderate depth perception required
- 3. Accurate depth perception required

24. Can the worker change positions? At will \_\_\_\_\_ Occasionally \_\_\_\_\_ Never \_\_\_\_\_

25. Describe ways in which this job may be modified. If none, please explain:

Permanent Modification \_\_\_\_\_ Temporary Modification \_\_\_\_\_

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Employee comments/corrections: (if applicable) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have reviewed this job analysis and agree with its content except for comments/corrections as noted above.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician comments: (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this job appropriate for this employee? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please indicate why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_



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