

# GEORGIA STATE BOARD OF WORKERS' COMPENSATION

## JOB ANALYSIS

Instructions: File this form as an attachment to a WC-240

|                 |                    |                     |      |                |
|-----------------|--------------------|---------------------|------|----------------|
| Board Claim No. | Employee Last Name | Employee First Name | M.I. | Date of Injury |
|-----------------|--------------------|---------------------|------|----------------|

|                 |              |                |
|-----------------|--------------|----------------|
| <b>EMPLOYER</b> | Name         | Contact Person |
|                 | Job Title    | Position       |
| Phone Number    | Prepared by: | Date:          |

| SCHEDULE  |           |              |
|---|-----------|--------------|
| Shift(s):   | Days:     |              |
| Hours / Week:   | Overtime: | Rate of Pay: |
| JOB DESCRIPTION (What is the purpose and objective of this job?): |           |              |

| WORK PACE   |  |  |
|---|--|--|
| Self-Paced?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Incentive Based?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Machine Paced?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Production Standards (Define Requirements):                             |  |  |

| WEIGHT                     | FREQUENCY                |                                    |                                   |                                 | OBJECTS | Lowest Point Lift/Lower      | Highest Point Lift/Lower |
|----------------------------|--------------------------|------------------------------------|-----------------------------------|---------------------------------|---------|------------------------------|--------------------------|
|                            | Never                    | Occasional (up to 1/3 of the time) | Frequent (1/3 to 2/3 of the time) | Constant (over 2/3 of the time) |         | Height                       | Height                   |
| <b>LIFTING</b>             |                          |                                    |                                   |                                 |         |                              |                          |
| Negligible                 | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>          | <input type="checkbox"/>        |         |                              |                          |
| 10 lbs. Max.               | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>          | <input type="checkbox"/>        |         |                              |                          |
| 20 lbs. Max.               | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>          | <input type="checkbox"/>        |         |                              |                          |
| 25 lbs. Max.               | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>          | <input type="checkbox"/>        |         |                              |                          |
| 50 lbs. Max.               | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>          | <input type="checkbox"/>        |         |                              |                          |
| 100 lbs. Max.              | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>          | <input type="checkbox"/>        |         |                              |                          |
| Over 100 lbs.              | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>          | <input type="checkbox"/>        |         |                              |                          |
| <b>CARRYING</b>            |                          |                                    |                                   |                                 |         | <b>Max. Distance Carried</b> |                          |
| Negligible                 | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>          | <input type="checkbox"/>        |         |                              |                          |
| 10 lbs. Max.               | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>          | <input type="checkbox"/>        |         |                              |                          |
| 20 lbs. Max.               | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>          | <input type="checkbox"/>        |         |                              |                          |
| 25 lbs. Max.               | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>          | <input type="checkbox"/>        |         |                              |                          |
| 50 lbs. Max.               | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>          | <input type="checkbox"/>        |         |                              |                          |
| 100 lbs. Max.              | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>          | <input type="checkbox"/>        |         |                              |                          |
| Over 100 lbs.              | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>          | <input type="checkbox"/>        |         |                              |                          |
| <b>PUSH/PULL MAX FORCE</b> |                          |                                    |                                   |                                 |         | <b>Max. Distance Moved</b>   |                          |
| Negligible                 | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>          | <input type="checkbox"/>        |         |                              |                          |
| 10 lbs. Max.               | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>          | <input type="checkbox"/>        |         |                              |                          |
| 20 lbs. Max.               | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>          | <input type="checkbox"/>        |         |                              |                          |
| 25 lbs. Max.               | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>          | <input type="checkbox"/>        |         |                              |                          |
| 50 lbs. Max.               | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>          | <input type="checkbox"/>        |         |                              |                          |
| 100 lbs. Max.              | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>          | <input type="checkbox"/>        |         |                              |                          |
| Over 100 lbs.              | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>          | <input type="checkbox"/>        |         |                              |                          |

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwcc.ga.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).

# GEORGIA STATE BOARD OF WORKERS' COMPENSATION

| POSTURES / MOVEMENTS |                          | MAX. CONSEC. MIN/HOURS                | TOTAL DAILY HOURS                    | POSITION CHANGE OPTIONAL?          | FURTHER DESCRIPTION |
|----------------------|--------------------------|---------------------------------------|--------------------------------------|------------------------------------|---------------------|
| Sitting              |                          |                                       |                                      |                                    |                     |
| Standing (in place)  |                          |                                       |                                      |                                    |                     |
| Walking              |                          |                                       |                                      |                                    |                     |
| Use Arm/Leg Controls |                          |                                       |                                      |                                    |                     |
|                      | Never                    | Occasional<br>(up to 1/3 of the time) | Frequent<br>(1/3 to 2/3 of the time) | Constant<br>(over 2/3 of the time) |                     |
| Bending              | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>             | <input type="checkbox"/>           |                     |
| Turn/Twisting        | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>             | <input type="checkbox"/>           |                     |
| Kneeling             | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>             | <input type="checkbox"/>           |                     |
| Squatting            | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>             | <input type="checkbox"/>           |                     |
| Crawling             | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>             | <input type="checkbox"/>           |                     |
| Climbing             | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>             | <input type="checkbox"/>           |                     |
| Reaching (out)       | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>             | <input type="checkbox"/>           |                     |
| Reaching (up)        | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>             | <input type="checkbox"/>           |                     |
| Wrist Turning        | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>             | <input type="checkbox"/>           |                     |
| Grasping             | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>             | <input type="checkbox"/>           |                     |
| Pinching             | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>             | <input type="checkbox"/>           |                     |
| Finger Manipulation  | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>             | <input type="checkbox"/>           |                     |

|   |
|---|
| <b>LIST EQUIPMENT, MACHINES, TOOLS, VEHICLES USED</b> |
|   |

|   |
|---|
| <b>SPECIAL CONSIDERATIONS (ENVIRONMENTAL CONDITIONS, VISION, HEARING, HEIGHT)</b> |
|   |

|                      |         |      |
|----------------------|---------|------|
| Employer's Signature | (Title) | Date |
|----------------------|---------|------|

|  |                       |                       |      |
|--|-----------------------|-----------------------|------|
| <b>TO BE FILLED OUT BY THE AUTHORIZED TREATING PHYSICIAN</b>   |                       |                       |      |
| <p>1. Employee can perform this job while taking medications as prescribed <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. <input type="checkbox"/> I do release the employee to the job described</p> <p>3. <input type="checkbox"/> I do not release the employee to the job described</p> <p>4. <input type="checkbox"/> I only release the employee to the job described with the following restrictions/limitations/modifications:</p> |                       |                       |      |
| <table border="1" style="width: 100%;"> <tr> <td style="width: 45%;">Physician's Name</td> <td style="width: 30%;">Physician's Signature</td> <td style="width: 25%;">Date</td> </tr> </table>   | Physician's Name      | Physician's Signature | Date |
| Physician's Name   | Physician's Signature | Date                  |      |

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