

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 |
|-----------------|--------------------|---------------------|------|----------------|

| | | | | |
|-----------------|--------------|----------------|--|--|
| EMPLOYER | 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | Incentive Based? <input type="checkbox"/> Yes <input type="checkbox"/> No | Machine Paced? <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 |
| 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"/> | | | |
| CARRYING | | | | | | Max. Distance Carried | |
| 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"/> | | | |
| PUSH/PULL MAX FORCE | | | | | | Max. Distance Moved | |
| 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.sbcw.georgia.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 (up to 1/3 of the time) | Frequent (1/3 to 2/3 of the time) | Constant (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"/> | |

| |
|---|
| LIST EQUIPMENT, MACHINES, TOOLS, VEHICLES USED |
| |

| |
|---|
| SPECIAL CONSIDERATIONS (ENVIRONMENTAL CONDITIONS, VISION, HEARING, HEIGHT) |
| |

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

| | | |
|--|-----------------------|------|
| TO BE FILLED OUT BY THE AUTHORIZED TREATING PHYSICIAN | | |
| <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> | | |
| Physician's Name | Physician's Signature | Date |
| | | |

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.sbcw.georgia.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).