

# PHYSICAL SKILLS CHECKLIST

(Physical Demands)

Select the skills that the position requires to perform the representative responsibilities. Then determine the degree to which the selected skill is required.

PHYSICAL SKILLS	Required by Field Manager Position			
	Rarely	Occasionally	Frequently	Continuously
<b>Bending</b> (to flex upper trunk forward)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Balancing</b> (to maintain body equilibrium)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Carrying – Under 10 pounds</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Carrying – 10 through 24 pounds</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Carrying – 25 through 49 pounds</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Carrying – 50 through 74 pounds</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Carrying – 75 through 100 pounds</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Carrying – Over 100 pounds</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Computer use – eyes, mousing, keyboarding</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Climbing</b> (e.g. ladders, step stools, scaffolding, stairs, poles, incline surfaces)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination</b> (Eye, hand, and foot; operation of foot and hand controls) Need to operate various machines or vehicles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Crawling</b> (To move entire body along a surface with hip/knee flexion and arms extension/flexion)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Crouching/stooping</b> (to flex upper trunk forward to waist; partial)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Environmental Exposure</b> (See list below) All listed conditions are possibilities in varying degrees and combinations at any time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Foot Controls</b> (Use feet for repetitive movements as in operating foot controls)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hand Coordination</b> (Power & Pinch Grip, Fine Manipulation, Wrist Rotation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Head and Neck</b> (Use head and neck in static position)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Head and Neck</b> (Use head and neck in flexed position)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Head and Neck</b> (Use head and neck in rotated position)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Kneeling</b> (bending the legs at the knees to come to rest on the knee or knees)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Lifting – Under 10 pounds</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Lifting – 10 through 24 pounds</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lifting – 25 through 49 pounds</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lifting – 50 through 74 pounds</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lifting – 75 through 100 pounds</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lifting – Over 100 pounds</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Maneuver and work in small areas</b> (e.g. crawl under desks and behind cabinets)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pushing/Pulling</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reaching</b> (To position arms with any degree of elbow flexion)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sensory Demands</b> (Near or far vision; color discrimination; hearing; touch; smell)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Sitting</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Squatting</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Standing</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Twisting</b> (To rotate upper trunk to right or left from neutral, while sitting or standing)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Walking</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10-Key Calculator Operation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DEFINITION OF PHYSICAL SKILLS - DEGREES:**

- Rarely                    Less than 10% of time on shift (up to 48 minutes total)
- Occasionally        Up to 33% of time on shift (up to 2 1/3 hours)
- Frequently            Up to 66% of time on shift (up to 5 1/2 hours)
- Continuously        67-100% of time on shift (up to 8 hours)

**ENVIRONMENTAL EXPOSURE**

Chemical contact, consumption, and/or inhalation, contact w/ human body fluid, infectious diseases, hazardous waste, electrical shocks, bright and/or low lighting, noise, high elevators/platforms, moving objects/machinery, vibration, slippery surfaces, humidity, dust, moisture/precipitation, extreme cold and/or heat, inside work, outside work, animals/animal control