

Vermont Sports Medicine Center

Safe Work Program

Description of Employees Job Duties

Employee Name _____

Employer Name _____

Location/Department _____

Job Title _____

Hours Per Workday _____

Description of Job Duties _____

Date: _____

Job Requirements (____ Hour Work Day)											
Describe Extent of Specific Activity Performed By Employee By Checking The Appropriate Box											
None-0% / Rarely 1-5% / Occasionally 6-33% / Frequently 34-66% / Continuously 67-100%											
	% 0	% 1+	% 6+	% 34+	% 67+		% 0	% 1+	% 6+	% 34+	% 67+
Sitting						Repet. Use of Hands					
Standing						A. Right Only					
Walking						B. Left Only					
Bending Over						C. Both					
Crawling						Driving Cars, Trucks, Forklift, and other Equipment	() YES	() NO			
Climbing											
Reach Overhead						Walking on Uneven Ground	() YES	() NO			
Crouching											
Kneeling											
Balancing											
Push Or Pull						Other Equipment: Comments: Physical Therapist: VSMC					
Lift or Carry											
A. Up To 10 LBS.											
B. 11 to 25 LBS.											
C. 26 To 50 LBS.											
D. 51 To 75 LBS.											
E. Over 100 LBS.											

Preparer's Name: _____

Title: _____

Employer Address: _____

Supervisor: _____

Phone #: _____

Human Resource Director: _____

Phone #: _____