

## **HO-CHUNK NATION**

## PHYSICAL DEMANDS WORKSHEET

The following worksheet is to be completed for each new or revised job description. Please read the instructions carefully before beginning. Once submitted, this information will be reviewed by the Division of Safety and then presented to the Personnel Board of Directors (PBOD).

## Frequency:

In the first two sections, place an X in the appropriate frequency column for each physical requirement and work environment listed. In the third section, place an L (lift) AND C (carry) in the appropriate column in each row. Example, a position may require an employee to lift a 35 lb. box onto a cart 30% of the time, but never carry it. The "Up to 35 pounds" row would have a "L" under Occasional and a "C" under Never.

## **Essential Functions:**

**Position Title:** 

This section will be used to signify job functions that are considered essential functions. If a listed function is considered essential, place an "E" in the box to the left of the function statement. Essential functions are those job functions that if removed would fundamentally change the job. Ask the following questions to determine whether a particular function is essential:

- 1. Does the position exist to perform that function? If yes, then it is an essential job function.
- 2. Can the function only be performed by a limited number of employees? If yes, then it is likely to be considered an essential job function.
- 3. Does the position require highly specialized skills? If the function is highly specialized it is likely to be considered an essential job function.
- 4. How much time does the employee spend performing the particular function? The more time spent on a function, the more likely that it will be considered an essential job function.
- 5. What is the consequence of not performing the function? If failure to perform the function has adverse effects, it is likely to be considered an essential job function.
- 6. What is the work experience of the person who held the position in the past? This information will also be considered relevant in determining whether or not a job function is essential.

With these questions in mind, review the contents of each section and mark the appropriate functions.

Youth Coordinator

	Frequency					
	Never 0%	Seldom 1 – 10%	Occasional 11 – 33%	Frequent 34 – 66%	Continuously 67 – 100%	
E Column	Physical Requi	irements (place	an X in the approp	priate column)		
Stand		<u></u>	×			
Walk		i	X			
Sit		I	х			
Finger dexterity		1		x		
Tool use		×	-			
Climb, balance		×	1		1	
Crouch		×				
Crawl		х			-	
Kneel, squat		×	1	<u> </u>		
Bend, stoop (bending the upper body forward)		Х	+			
Repetitive use of shoulders, arms, wrists, and hands			x	-		
Bimanual hand use (using two hands)		Х				
Simple grasping			×			
Equipment use			×	[		
Reaching at or above shoulder height		X		1		
Reaching at or below shoulder height		X				
Push (using force) – pushing equipment		Х	<del>                                     </del>			
Pull (using force) – such as a drawer		X	<b>†</b>	1		
Pivot, twist (upper body or at waist)		X		1		
Static positions (holding one position w/o moving)		X		1		

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Job Title: Youth Coordinator

Never 0%	Seldom 1 – 10%	Occasional 11 – 33%	Frequent 34 – 66%	Continuously 67 – 100%
		X	,	
	X			
	×			
X				
		x		
	X			
х	100			
				×
				×
				×
				X
				X
	Work Enviro	Work Environment (place and x x x x x	1 - 10%	1 - 10%   11 - 33%   34 - 66%

Lifting and Carrying (place an L (lift) AND C (carry) in the appropriate columns)					
Lift = from ten (10) inches off the floor to chest level Carry = one or two handed beyond four feet					
Up to 10 pounds (sedentary)			X		1000
Up to 25 pounds (light)			x		
Up to 35 pounds (light/medium)		X			
Up to 50 pounds (medium)		×			
Up to 75 pounds (medium/heavy)	х				
Up to 100 pounds (heavy)	×				
More than 100 pounds (very heavy)	Х				

Who should be contacted to answer questions?	Robin Blackdeer		
Work Telephone / Extension?	796-1550		
Completed by:	- Di Blake		
	(Signature)		

This section is completed by Safety Division Staff					
Personal Protective Equipment: None					
Reviewed by: Matthe a. Story (Safety Division Staff)	8-(6-(0) (approved)	(denied)			

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