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NOTE: Complete the information to reflect the employee's regular duties immediately prior to his/her illness or injury.

Employee Name _____ Group/Policy Number _____
 Company Name _____ Identification Number _____

JOB DESCRIPTION

Job title _____ How long in this position? _____

Is shift work involved? Yes No Hours worked each day _____ Usual daily hours are from _____ to _____

	Job duties and activities (list in order of importance)	Hours per day
1.		
2.		
3.		
4.		
5.		

MOBILITY			
Activity	Yes	No	Frequency (times per day/hours per day)
Sitting			
Standing			
Walking			
Climbing			
Bending/Crouching			
Kneeling			
Driving			
Remaining in the same position for more than 1 hour			
Reaching above shoulder			
Reaching at shoulder height			
Reaching below shoulder height			

STRENGTH								
Activities	Frequency					Weight		Comments
	Not Performed	Not Performed Daily	<1 Hour Daily	1-3 Hours Daily	>3 Hours Daily	Usual	Maximum	
Lifting								
Pushing								
Pulling								
Manual Dexterity								

WORK ENVIRONMENT (Comment on the activities/environmental factors listed below as related to this occupation.)			
Activity/Environmental Factors	Yes	No	Frequency/Duration
Inside Work			
Outside Work			
Temperature (hot/cold)			
Humid/Dry			
Dust			
Vapour Fumes			
Noise (degree)			
Moving Objects			
Slippery Area			
Tools (sharp, hazardous)			
Machinery (electrical, vibratory, motorized)			
Travelling			
Work Alone			
Work in Group			
Interact with Public			

Direct Supervisor Signature _____ Date _____

Position/Title _____ Telephone _____

I hereby certify that I have read this job description and consider it to be a true and accurate account of my regular duties.

Employee Signature _____ Date _____