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JOB TASK ANALYSIS FORM

Organisation:	Person completing assessment:
Date:	Comments:
Job title:	Location: <input type="checkbox"/> Office <input type="checkbox"/> Out doors <input type="checkbox"/> Plant or vehicle
Shift arrangements: <input type="checkbox"/> Permanent <input type="checkbox"/> Rotating <input type="checkbox"/> Day <input type="checkbox"/> Afternoon <input type="checkbox"/> Night	Hours worker per week: Average overtime:

Essential job functions	% of shift
Tools, plant, vehicles used	

Environmental factors

Description	Comments
Temperature extremes	Temperature ranges (deg. C) to
Noise	dB(A):
Confined spaced	
Chemicals	Please list:

Lifting

Mass (kg)	Proportion of work shift				Object(s) handled	Height lifted (cm)	
	Nil	0 – 33%	34 – 66%	67 – 100%		From	To
< 4.5							
4.5 – 8.9							
9.0 – 22.9							
23 – 45							
> 45							

Carrying

Mass (kg)	Nil	0 – 33%	34 – 66%	67 – 100%	Object(s) handled	Times (mins)	Dist. (m)
< 4.5							
4.5 – 8.9							
9.0 – 22.9							
23 – 45							
> 45							
Pushing & pulling loads							
..... kg							
..... kg							

Other functions

Postures & functions	Proportion of work shift				Comments
	Nil	0 – 33%	34 – 66%	67 – 100%	
Standing					
Walking					
Sitting					Can worker sit if required? []Yes []No
Bending					
Kneeling					
Squatting					
Crawling					
Climbing					
Grasping					
Driving					