



Employee Name: _____ Work #: _____

Health Care Provider – Please check the “UNABLE to perform” column if the employee is not able to meet the functional demands required below. Pictures on the following page offer additional information on typical postures. Please use the comments section on the next page to indicate what the current maximum abilities are for the behaviours the employee is “UNABLE” to perform at present.

Job Title: Lift Truck Operator**Task Organization:** _____

Job Physical Demands: Driving various sizes of lift trucks around the docks moving cargo between areas
Schedule: Works 8.5 hours including 2 x 10 minute coffee breaks and one 30 minute lunch break.
Equipment: Various sizes of Kalmar Lift trucks as well as tractor and train pusher

Job Demands		Max. Weight/ Avg. Weight (Kg)	Duration per exposure h=hrs s=secs, m=mins	Frequency	UNABLE to perform	Comments
STRENGTH	Lifting/Carry			N		
	Push/Pull	13/<10	<5s	F		Gear shift and other controls to operate vehicle
	Supporting Body Weight		<10s	R		Climb in/out of vehicle
	Gripping / Handling		8hrs	C		Steering wheel, other controls, and climb in/out
	Fine Motor Skills			N		
POSTURE & MOBILITY	Sitting		8hrs	C		
	Driving		8hrs	C		
	Standing		<30s	R		Pre-op inspection
	Walking		< 5m	O		Pre-op inspection, walking to/from breaks
	Bending/ Stooping		<5s	R		Pre-op inspection
	Sustained Crouching/ Kneeling			N		
	Climbing Stairs		<10s	R		Climb in/out of most lift trucks
	Climbing Ladders		<10s	R		Climb in/out of pusher
	Crawling			N		
	Balancing		<10s	R		On steps/ladder to climb in/out of vehicle
	Throwing			N		
	Overhead Reach		<5s	R		Handles when climbing in/out and overhead controls in cab
ENVIRONMENT	Exposure to Elements			O/C		Varies: may be constant for open cab vehicles or occasional (pre-op and walk to/from) for other types.
	Uneven Surfaces		<5s	R		Driving over gantry rails or uneven pavement areas
	Proximity to moving objects		8hrs	F		Other vehicles, gantries, etc
	Vibration (upper extremity)			N		
	Vibration (whole body)		8hrs	C		

Frequency Ratings:**R:** Rare Not daily or up to 1% of shift (<5mins/day)**F:** Frequent 34%-67% of shift (2.5-5hrs)**N:** Never**O:** Occasional 1%-33% of shift (up to 2.5hrs)**C:** Constant >67% of shift (>5hrs)



Health Care Provider Comments:

Stamp:

Date: _____ Signature: _____

Please use the box above to include guidelines or limitations on the functional abilities that the employee is UNABLE to perform in their entirety at present.

Sample pictures of tasks and postures:

