



ESTIMATE OF PHYSICAL WORK DEMANDS FOR WORKERS WITH BACK PROBLEMS

Name of the employee: _____
Proposed tasks: _____

Description of proposed tasks: _____

DESCRIPTION OF WORK DEMANDS

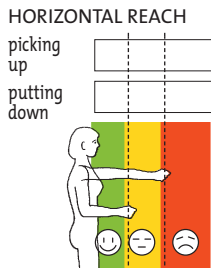
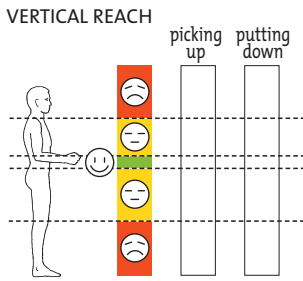
1 Does the work require HANDLING OBJECTS (lifting, carrying, putting down)?

- no (go to question 2)
 yes

Objects handled: _____

Total number of material handling operations per day:	minimum: _____	maximum: _____
Material handling occurs	<input type="checkbox"/> throughout the work day	<input type="checkbox"/> during specific periods lasting: _____ <input type="checkbox"/> minutes <input type="checkbox"/> hours no. period(s) /day: _____
Weight of objects handled	minimum: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb	maximum: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb
Distances covered	minimum: _____ <input type="checkbox"/> m <input type="checkbox"/> ft	maximum: _____ <input type="checkbox"/> m <input type="checkbox"/> ft

Draw lines on the diagrams below indicating the minimum and maximum vertical and horizontal reaches for picking up and putting down objects.



- If handling the object presents particular difficulties, please explain why:
 Because the object is difficult to manipulate (e. g. no handle, too small or too big, object is slippery, fragile, unstable, weight is off-centre, etc.)?
 Other reasons, specify: _____

ESTIMATE OF WORK DEMANDS

Material handling



Proposed changes/comments: _____

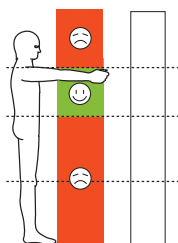
2 Does the work involve FORCEFUL PUSHING or PULLING of objects or equipment?

- no (go to question 3)
 yes

Indicate on the diagrams below the minimum and maximum duration and frequency of moderate and intense exertion.

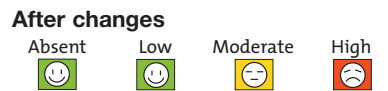
	Light exertion		Moderate exertion		Intense exertion	
	Min.	Max.	Min.	Max.	Min.	Max.
Duration						
Frequency						

Indicate the minimum and maximum heights at which contact is made with the object.



If pushing or pulling presents particular difficulties, explain why:

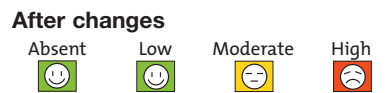
- Because of the characteristics of the objects or equipment (e.g. inadequate grips, shape and size, poor state of the equipment)
 Because of the cramped space and/or the awkward postures the work imposes (e.g. twisting the trunk while pulling)
 Other reasons (please specify): _____



Forceful Pushing or Pulling



Proposed changes/comments: _____



3 Is the work done in a SITTING or a STANDING POSITION?

- Indicate which of the following best describes the general work posture in this job:
 Sitting
 Sitting or standing, as the worker prefers
 Sitting or standing, depending on production demands
 Standing in a fixed position
 Standing, with some movement

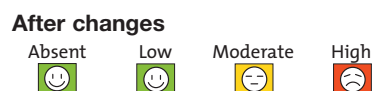
While sitting:

- Is the lower back supported? Yes No
 Are the feet level either on the ground or on a footrest? Yes No

Sitting or Standing



Proposed changes/comments: _____

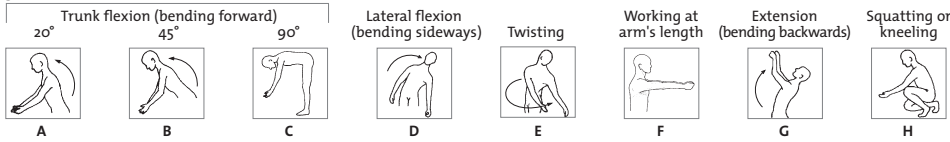


DESCRIPTION OF WORK DEMANDS

ESTIMATE OF WORK DEMANDS

4 Does the work require the worker to adopt AWKWARD BACK POSTURES?

- no (go to question 5)
- yes



Identify the 3 most demanding postures for the back in this work. In the table below, indicate the letters of the above illustrations that best describe these 3 postures, identify the tasks in which they occur and describe them as indicated.

The 3 most demanding postures Letter (s) Task (s):	Sitting or Standing?		Duration		Frequency		Forceful exertion?	
	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

Awkward Postures



Proposed changes/comments:

After changes



5 Does the work require WALKING?

- no (go to question 6)
- yes

Describe the situations in which the worker must walk the most.

Duration: min.: _____ max.: _____ Frequency/day: min.: _____ max.: _____

Does the worker have to walk hurriedly to respond to a sudden event?

- Never
- Occasionally
- Often
- Always

Does the worker have to walk on unstable, uneven, slippery, cluttered or inclined surfaces?

- no
- yes If yes, please specify.

Walking



Proposed changes/comments:

After changes



6 Does the work involve UNSTABLE POSTURES (e.g. on scaffolding, in stairways, while climbing)?

- no (go to question 7)
- yes

Please specify.

Unstable Postures



Proposed changes/comments:

After changes



7 Does the work involve OPERATING A PEDAL?

- no (go to question 8)
- yes

Please specify.

Frequency/day: min.: _____ max.: _____

- Standing
- Requires significant exertion
- In an awkward posture

Pedals



Proposed changes/comments:

After changes



8 Does the work require driving a VEHICLE or other MOBILE EQUIPMENT?

- no (go to question 9)
- yes

Duration of driving/day	minimum:	maximum:
Type of vehicle/equipment driven:		
Quality of suspension:		
Risk of rebound or impact shock:	<input type="checkbox"/> None	<input type="checkbox"/> Low
	<input type="checkbox"/> Moderate	<input type="checkbox"/> High

Mobile Equipment



Proposed changes/comments:

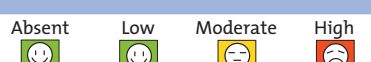
After changes



9 Does the work expose the worker to whole-body VIBRATION from machines, equipment, or the ground?

- no
 - yes
- Please specify.

Vibration



Proposed changes/comments:

After changes



PERCEPTION OF THE INJURED WORKER

The worker believes he or she is capable of performing the work:

- as described above
- if the worker can work at his or her own pace
- if the worker can stop as needed
- with the changes indicated in the column to the right
- if work hours are reduced
- the worker does not believe he or she is capable of performing this work

DECISION

Are these tasks suitable for the worker with back problems?

- no
- yes
- yes, with the following conditions:

Completed by: _____

in the presence of the injured worker

- yes
- no

Date: _____