

Physical Demands Analysis

Public Service Pension Plan (PSPP)

Completed by an employer to assess the physical requirements of a job position.

OPB client number

OPB client first and last name			F	Position title					
0 = Not required (not daily)	2 = Minc activ (< 1	•	3 = Free repo (1-3	etitio	n	per	day		 4 = Major job demand, maximum ability needed, frequent repetition (3+ hours per day)
Strength	ght		Fre	que	ncy		Comments		
	(use 'X')	(max.)	(usual)	0	1	2	3	4	
Lifting									
Carrying									
Pushing									
Pulling									
Fine finger movements									
Handling									
Gripping									
Reaching: - above shoulder									
- below shoulder									
Foot action: - one foot									
- two feet									

Mobility	Required	Frequency					Comments
	(use 'X')	0	1	2	3	4	
Throwing							
Sitting							
Standing							
Walking							
Running							
Climbing							
Bending/stooping							
Crouching							
Kneeling							
Crawling							
Twisting							
Balancing							

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OPB client first and last name								Position title						
0 = Not required	1 = Seldom required (not daily)	act	daily our)	/	3 =	re	equent petition4 = Major job demand, maximum ability needed, frequent repetition (3+ hours per day)							
Sensory/p	Required		Fre	que	ncy		Comments							
		(use 'X')	0	1	2	3	4							
Hearing:	- conversation													
	- other sounds													
Vision:	- far													
	- near													
	- colour													
	- depth													
Perception:	- spatial													
	- form													
Feeling (toud	ch)													
Reading														
Writing														
Speech														

Work conditions	Required		Fre	que	ncy		Comments
	(use 'x')	0	1	2	3	4	
Travelling							
Work alone							
Work alone, but in group							
Deadline pressure							
Interact with public							
Operate equipment/machinery							

Environment is wheelchair accessible



OPB client number

PB client first and last name Position title											
0 = Not 1 = Seldom required required (not daily)		ior c ivity 1 ho	•	,	3 =	re	requent4 =Major job demand, maximumpetitionability needed, frequent repetition-3 hours per day)(3+ hours per day)				
Work environment	Required Frequ		que	ncy		Comments					
	(use 'x')	0	1	2	3	4					
Inside work											
Outside work											
Hot/cold											
Humid/dry											
Dust											
Vapour fumes											
Noise											
Moving objects											
Hazardous machines											
Electrical											
Sharp tools, etc.											
Radiant/thermal energy											
Slippery											
Congested work site											
General comments											
Sign and date											
Employer name											
Employer representative Position title											
			Date	a cir		4 (v	yyy/mm/dd) Contact telephone number				
		[Jan		91100	<u> (</u> y					
Employer representative s	Employer representative signature Employer representative must be in a Payroll/HR/Administrator role.										

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