



Saskatchewan
Workers'
Compensation
Board

200-1881 Scarth Street
Regina SK S4P 4L1
www.wcsask.com

Phone: 306.787.4370
Toll free: 1.800.667.7590
Fax: 306.787.4311
Toll free fax: 1.888.844.7773

JIW

Click on any field to start editing.

Job Information WorkSheet

WCB claim number: _____

Please ensure this form is completed as fully as possible by the worker's immediate supervisor and the worker.
Questions? Contact the WCB toll free in Saskatchewan: 1.800.667.7590. Regina: 306.787.4370.

Name: _____ Worker's position title: _____

Occupation: _____ Worker signature: _____ Please sign form before mailing/faxing. Date: _____ (MM/DD/YYYY)

Other jobs worker may have: _____

Employer: _____

Employer signature: _____ Please sign form before mailing/faxing. Date: _____ (MM/DD/YYYY)

Employer address: _____ Phone: _____

FOR EMPLOYER & WORKER USE ONLY - Describe actual work activities

JOB NORMALLY REQUIRES

SITTING (INCLUDES DRIVING)

Total number of sitting hours in a shift:

- | | | |
|--------------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Less than 1 | <input type="checkbox"/> 1 - 2 | <input type="checkbox"/> 2 - 3 |
| <input type="checkbox"/> 3 - 4 | <input type="checkbox"/> 4 - 5 | <input type="checkbox"/> 5 - 6 |
| <input type="checkbox"/> 6 - 7 | <input type="checkbox"/> 7 - 8 | <input type="checkbox"/> More than 8 |

Total length of time worker sits before standing:

- | | |
|---|--|
| <input type="checkbox"/> Under 30 minutes | <input type="checkbox"/> 30 - 60 minutes |
| <input type="checkbox"/> 1 - 2 hours | <input type="checkbox"/> 2 - 3 hours |
| <input type="checkbox"/> 3 - 4 hours | <input type="checkbox"/> More than 4 hours |

ADDITIONAL DESCRIPTION

On what kind of seating?

STANDING

Total number of standing hours in a shift:

- | | | |
|--------------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Less than 1 | <input type="checkbox"/> 1 - 2 | <input type="checkbox"/> 2 - 3 |
| <input type="checkbox"/> 3 - 4 | <input type="checkbox"/> 4 - 5 | <input type="checkbox"/> 5 - 6 |
| <input type="checkbox"/> 6 - 7 | <input type="checkbox"/> 7 - 8 | <input type="checkbox"/> More than 8 |

Total length of time worker stands before sitting:

- | | |
|---|--|
| <input type="checkbox"/> Under 30 minutes | <input type="checkbox"/> 30 - 60 minutes |
| <input type="checkbox"/> 1 - 2 hours | <input type="checkbox"/> 2 - 3 hours |
| <input type="checkbox"/> 3 - 4 hours | <input type="checkbox"/> More than 4 hours |

ADDITIONAL DESCRIPTION

On what kind of surface?

BALANCE

Special circumstances requiring good balance?



JOB NORMALLY REQUIRES

WALKING

Normal distance that must be walked:

How often that distance must be walked during a shift:

What type of surface?

CLIMBING STAIRS

How many one-storey flights of stairs (about 13 steps) must be climbed at one time?

How many times in a shift do stairs have to be climbed?

What surface?

CLIMBING LADDERS

How high is the normal climb?

How many times in a shift must a ladder be climbed?

Is work done from a ladder? How long at one time?

KNEELING/CRAWLING/CROUCHING/SQUATTING

Describe the activity:

Number of times this occurs in a normal shift?

Length of time spent in this position in a single, normal instance?

On what kind of surface?

LIFTING FROM FLOOR TO WAIST

How much is normally lifted?

- Less than 4.5 kg (1 - 10 lb)
- Up to 9 kg (11 - 20 lb)
- Up to 22.7 kg (21 - 50 lb)
- More than 22.7 kg (50 lb)

Please state amount lifted: _____

How many times during a shift is lifting required?

- <4.5 kg (1 - 10 lb) _____ times
- 4.5 - 9 kg (11 - 20 lb) _____ times
- 9 - 22.7 kg (21 - 50 lb) _____ times
- > 22.7 kg (50 lb) _____ times

Please state amount lifted: _____

Nature of lifting:

- Independently
- With human assistance
- With mechanical assistance

ADDITIONAL DESCRIPTION

What is lifted?

Size of object?

Workstation layout (clear or cluttered aisles, width of space, floor surface, etc.)?

JOB NORMALLY REQUIRES

LIFTING FROM WAIST TO SHOULDER

How much is normally lifted?

- Less than 4.5 kg (1 - 10 lb)
- Up to 9 kg (11 - 20 lb)
- Up to 22.7 kg (21 - 50 lb)
- More than 22.7 kg (50 lb)

Please state amount lifted: _____

How many times during a shift is lifting required?

- <4.5 kg (1 - 10 lb) _____ times
- 4.5 - 9 kg (11 - 20 lb) _____ times
- 9 - 22.7 kg (21 - 50 lb) _____ times
- > 22.7 kg (50 lb) _____ times

Please state amount lifted: _____

Nature of lifting:

- Independently
- With human assistance
- With mechanical assistance

ADDITIONAL DESCRIPTION

What is lifted?

Size of object?

Workstation layout (clear or cluttered aisles, width of space, floor surface, etc.)?

LIFTING FROM ABOVE SHOULDER

How much is normally lifted?

- Less than 4.5 kg (1 - 10 lb)
- Up to 9 kg (11 - 20 lb)
- Up to 22.7 kg (21 - 50 lb)
- More than 22.7 kg (50 lb)

Please state amount lifted: _____

How many times during a shift is lifting required?

- <4.5 kg (1 - 10 lb) _____ times
- 4.5 - 9 kg (11 - 20 lb) _____ times
- 9 - 22.7 kg (21 - 50 lb) _____ times
- > 22.7 kg (50 lb) _____ times

Please state amount lifted: _____

Nature of lifting:

- Independently
- With human assistance
- With mechanical assistance

ADDITIONAL DESCRIPTION

What is lifted?

Size of object?

Workstation layout (clear or cluttered aisles, width of space, floor surface, etc.)?

CARRYING

How much is normally lifted?

- Less than 4.5 kg (1 - 10 lb)
- Up to 9 kg (11 - 20 lb)
- Up to 22.7 kg (21 - 50 lb)
- More than 22.7 kg (50 lb)

Please state amount carried: _____

How many times during a shift is lifting required?

- <4.5 kg (1 - 10 lb) _____ times
- 4.5 - 9 kg (11 - 20 lb) _____ times
- 9 - 22.7 kg (21 - 50 lb) _____ times
- > 22.7 kg (50 lb) _____ times

Please state amount carried: _____

Nature of carrying:

- Independently
- With human assistance
- With mechanical assistance

ADDITIONAL DESCRIPTION

What is lifted?

Size of object?

Workstation layout (clear or cluttered aisles, width of space, floor surface, etc.)?

JOB NORMALLY REQUIRES

MOBILE PULLING/PUSHING (OBJECTS ON WHEELS)

How heavy is the object normally pulled or pushed?

- Less than 4.5 kg (1 - 10 lb)
- Up to 9 kg (11 - 20 lb)
- Up to 22.7 kg (21 - 50 lb)
- More than 22.7 kg (50 lb)

Please state amount pulled or pushed: _____

How many times during a shift is pulling or pushing required?

- <4.5 kg (1 - 10 lb) _____ times
- 4.5 - 9 kg (11 - 20 lb) _____ times
- 9 - 22.7 kg (21 - 50 lb) _____ times
- > 22.7 kg (50 lb) _____ times

Please state amount pulled or pushed: _____

What is being used to pull/push?

- Trolley Cart
- Other (Specify) _____

ADDITIONAL DESCRIPTION

What is being pulled or pushed?

Size of object?

How far is the object pulled or pushed?

Workstation layout (clear or cluttered aisles, width of space, floor surface, etc.)?

What surface?

Is the surface:

- Level Sloped

STATIC PULLING/PUSHING (BOXES, LEVERS, PULLEYS)

How heavy is the object normally pulled or pushed?

- Less than 4.5 kg (1 - 10 lb)
- Up to 9 kg (11 - 20 lb)
- Up to 22.7 kg (21 - 50 lb)
- More than 22.7 kg (50 lb)

Please state amount pulled or pushed: _____

How many times during a shift is pulling or pushing required?

- <4.5 kg (1 - 10 lb) _____ times
- 4.5 - 9 kg (11 - 20 lb) _____ times
- 9 - 22.7 kg (21 - 50 lb) _____ times
- > 22.7 kg (50 lb) _____ times

Please state amount pulled or pushed: _____

What is being used to pull/push?

- Trolley Cart
- Other (Specify) _____

ADDITIONAL DESCRIPTION

What is being pulled or pushed?

Size of object?

Height of object: _____

How far is the object pulled or pushed?

Workstation layout (clear or cluttered aisles, width of space, floor surface, etc.)?

What surface?

Is the surface:

- Level Sloped

LOW BACK MOVEMENTS (BENDING FORWARD, BENDING BACKWARD, TWISTING)

This activity involves:

- Bending forward
 - How often in a shift? _____
 - How long each time? _____
- Bending backward
 - How often in a shift? _____
 - How long each time? _____
- Twisting
 - How often in a shift? _____
 - How long each time? _____
- Lateral flexation
 - How often in a shift? _____
 - How long each time? _____

These movements are:

- Held more than five minutes at a time
- Repeated frequently

Workstation layout (clear or cluttered aisles, width of space, floor surface, etc.)?

These movements are:

- From a seated position
- From a standing position
- From both

JOB NORMALLY REQUIRES

REACHING OVERHEAD

Is the reach at or beyond full arms length?

- Yes No

How long is the reach sustained?

How often does this occur in the most active hour?

How often in a normal shift?

How often does this occur in the most active hour?

How often in a normal shift?

REACHING FORWARD

Is the reach at or beyond full arms length?

- Yes No

How long is the reach sustained?

How often does this occur in the most active hour?

How often in a normal shift?

Workstation layout:

Height

Depth

- Standing

- Seated

NECK MOVEMENTS

This activity involves:

- Looking up

- How long at any one time? _____
- How often in a busy hour? _____
- How often in a normal shift? _____

- Looking down

- How long at any one time? _____
- How often in a busy hour? _____
- How often in a normal shift? _____

- Looking behind

- How long at any one time? _____
- How often in a busy hour? _____
- How often in a normal shift? _____

- Rotation

- How long at any one time? _____
- How often in a busy hour? _____
- How often in a normal shift? _____

These neck positions are:

- Held more than five minutes at a time
- Repeated, frequent movements

WORKING WITH HANDS AND FINGERS

How much time in a normal shift involves this activity?

- Less than 1 hour
- 1 - 2 2 - 3
- 3 - 4 4 - 5
- 5 - 6 6 - 7
- 7 - 8 More than 8

What items are being handled?

What tools, if any, are used?

Circumference of tools?

Workstation layout (height positioning, fumes, heat, etc.)?

JOB NORMALLY REQUIRES

VISUAL ACUITY

Distance from eyes to object on job?

Describe how vision relates to the job. (driving , close or far distances, working with small objects, reading, etc.)

OPERATING MOTORIZED EQUIPMENT

How much total time in a normal shift involves operating motorized equipment?

- | | | |
|---|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Less than 1 hour | <input type="checkbox"/> 1 - 2 | <input type="checkbox"/> 2 - 3 |
| <input type="checkbox"/> 3 - 4 | <input type="checkbox"/> 4 - 5 | <input type="checkbox"/> 5 - 6 |
| <input type="checkbox"/> 6 - 7 | <input type="checkbox"/> 7 - 8 | <input type="checkbox"/> More than 8 |

Length of time normally operating equipment before taking a break or changing positions?

- | | |
|---|--|
| <input type="checkbox"/> Less than 30 minutes | <input type="checkbox"/> 30 - 60 minutes |
| <input type="checkbox"/> 1 - 2 hours | <input type="checkbox"/> 2 - 3 hours |
| <input type="checkbox"/> 3 - 4 hours | <input type="checkbox"/> More than 4 hours |

Describe the equipment and work situation.

SENSITIVITY TO CHEMICAL SUBSTANCES

What chemicals is the worker exposed to?

Describe the amount of exposure.

What protective apparatus is used, if any?

WORK ENVIRONMENT

The work environment involves:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Outdoors | <input type="checkbox"/> Indoors |
| <input type="checkbox"/> Heat | <input type="checkbox"/> Cold |
| <input type="checkbox"/> Moisture | <input type="checkbox"/> Dryness |
| <input type="checkbox"/> Fumes | <input type="checkbox"/> Vibration |
| <input type="checkbox"/> Jarring | <input type="checkbox"/> Noise |
| | <input type="checkbox"/> Below 80 decibels |
| | <input type="checkbox"/> Above 80 decibels |

Describe the work environment.

RESTRICTED WORKING HOURS

How long is a normal shift?

MENTAL/EMOTIONAL LIMITATIONS

Describe any significant stresses or emotional aspects of the job.

What services (EAP/EFAP) are available?

OTHER

Are there other physical job duties that are expected? (For example: running, throwing, etc.)

If so, how often are these activities required?