



Saskatchewan  
Workers'  
Compensation  
Board

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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?