



North Dakota Workforce
Safety & Insurance

**PRE-INJURY JOB
DESCRIPTION**
CLAIMS DIVISION
SFN 54392 (04/2022)

1600 E Century Ave, Ste 1
PO Box 5585
Bismarck ND 58506-5585
Telephone 800-777-5033
Toll Free Fax 888-786-8695
TTY (hearing impaired) 800-366-6888
Fraud and Safety Hotline 800-243-3331
www.workforcesafety.com

SECTION 1 – Injured employee's information

Claim number	Injured employee's (First name)	(Last name)
Average hours worked per day	Job title	Employer contact
What impact will the injury have on the injured employee's ability to get to work or perform regular duties in the usual way?		
List essential job functions		

SECTION 2 – Physical requirements assessment

Not Performed (NP)	Rare (R) = 1-5%	Occasionally (O) = 6-33%	Frequently (F) = 34-66%	Constantly (C) = 67-100%		
Note: Frequencies are based on an 8-hour workday						
Hours may be required to sit	Hours may be required to stand			Hours may be required to walk		
Employee must be able to lift/carry	0 – 10 lbs	<input type="checkbox"/> NP	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> C
	11 – 20 lbs	<input type="checkbox"/> NP	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> C
	21 – 50 lbs	<input type="checkbox"/> NP	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> C
	51 – 100 lbs	<input type="checkbox"/> NP	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> C
Employee must be able to lift overhead	0 – 10 lbs	<input type="checkbox"/> NP	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> C
	11 – 20 lbs	<input type="checkbox"/> NP	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> C
	21 – 50 lbs	<input type="checkbox"/> NP	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> C
	51 – 100 lbs	<input type="checkbox"/> NP	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> C
Employee must be able to push/pull	0 – 10 lbs	<input type="checkbox"/> NP	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> C
	11 – 20 lbs	<input type="checkbox"/> NP	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> C
	21 – 50 lbs	<input type="checkbox"/> NP	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> C
	51 – 100 lbs	<input type="checkbox"/> NP	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> C
Employee must be able to	Bend	<input type="checkbox"/> NP	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> C
	Crawl	<input type="checkbox"/> NP	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> C
	Kneel	<input type="checkbox"/> NP	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> C
	Squat	<input type="checkbox"/> NP	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> C
	Reach above head	<input type="checkbox"/> NP	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> C
	Work at heights	<input type="checkbox"/> NP	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> C
	Drive a vehicle	<input type="checkbox"/> NP	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> C
	Twist	<input type="checkbox"/> NP	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> C
	Climb	<input type="checkbox"/> NP	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> C
Repetitive motion	Light grasping	<input type="checkbox"/> NP	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> C
	Forceful grasping	<input type="checkbox"/> NP	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> C
	Fine dexterity	<input type="checkbox"/> NP	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> C

Environmental considerations (Example: hot/cold temperatures, vibration, chemical exposure, noise exposure)

Equipment used (Example: tools, machinery, equipment)

Additional comments

SECTION 3 – Signature

Signature	Title	Date
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