



## Job Analysis Physician Summary Report

**Company Name:**

**Location:**

The following Job Analysis Physician Summary Report documents the critical physical job demands associated with the identified Field Service Representative I, II, III. A full Job Analysis report is available upon request.

Job Title: Field Service Representative I, II, III	
Division: North America Healthcare Services	Department: Service
Hours Available: Work hours may vary dependent upon demand. On average, Field Service Representatives work five days a week from 8:00AM-5:00PM.	

**Summary:** Worker is responsible for the following essential functions and associated tasks: **(1)** While performing preventative and corrective maintenance tasks, worker drives the company vehicle to the job site, gathers and transports tools and parts, dons in appropriate PPE, troubleshoots, disassembles, repairs, replaces, or modifies equipment and systems components using various types of hand tools, rewires and reassembles equipment, adjusts and calibrates equipment, certifies equipment is ready for use, and maintains remote monitoring and diagnostic equipment; **(2)** While performing administrative, sales, and customer service tasks, worker utilizes technology to ensure document completion, plans and completes schedules to improve productivity, completes service reports, maintains Customer Service Logs, maintains tools and parts inventory, actively promotes and supports remote monitoring and diagnostic equipment, communicates effectively with customers, identifies sales opportunities, recommends replacing equipment if needed, establishes and maintains effective communicative relationships with customers, managers, support, and the sales organization, responds to customer questions and service/warranty calls, and provides guidance and assistance to entry-level technicians.  
**Note:** Worker may assist with installations on a seldom basis.

Physical Demands [Seldom = Not Daily; Occasional = 0-1/3; Frequent = 1/3-2/3; Constant = > 2/3 of total shift]	
<b>Standing:</b>	Frequent on concrete surfaces.
<b>Sitting:</b>	Occasional on concrete surfaces and a company vehicle seat with lumbar and bilateral arm support.
<b>Walking:</b>	Occasional on concrete and asphalt surfaces.
<b>Lift/Carry:</b>	Occasional Lift up to 53 lbs. at heights ranging from ankle to shoulder height; Frequent Lift up to 5 lbs. at heights ranging from ankle to shoulder height. / Occasional Carry up to 53 lbs. at waist height up to 5 ft.
<b>Push/Pull:</b>	Occasional Push/Pull up to 60 lbs.
<b>Bending:</b>	Frequent with up to 45 degrees of forward trunk flexion.
<b>Kneel/Crouch/Squat/Crawl:</b>	Seldom: Crawl / Occasional: Squat, Kneel and Crouch
<b>Reach:</b>	Frequent forward, above head, floor, and left/right reach up to 30 inches.
<b>Handle:</b>	Frequent handling using the following: bilateral two/three-point and lateral precision pinch grips, a simple sustained grasp of a company vehicle steering wheel, complex hook/power/forceful/spherical grips, wrist flexion and extension, radial and ulnar deviation, forearm pronation and supination, and elbow flexion and extension. Worker performs complex gripping.
<b>Grip Force:</b>	Occasional grip forces up to 60 lbs.; Frequent grip forces ranging from 5 to 30 lbs.
<b>Pinch Grip Force:</b>	Occasional pinch grip forces up to 43 lbs.
<b>Foot &amp; Ankle:</b>	Occasional ankle plantar flexion and dorsiflexion.
<b>Climbing:</b>	Occasional in/out of company vehicle and up/down step stools and ladders.
<b>Driving:</b>	Occasional company vehicle driving
<b>Comments:</b> Worker performs occasional repetitive, bilateral upper extremity movements; Worker is seldom exposed to vibratory forces while operating battery powered drills.	

**Physician Comments:**

I have reviewed the physical demands and  Release  Do Not Release \_\_\_\_\_ to perform this job.  
 If yes, worker can return to:  Restricted Duty  Full Duty

Worker can work \_\_\_\_\_ hours per day. The estimated date for return to regular work is: \_\_\_\_\_

Comments: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_