
SPECIFIC VOCATIONAL PREPARATION (SVP)

Minimum Education

(If no minimum, must workers
be able to read and write?)

Experience

Credentials

On-the-Job-Training

WORK PACE

Control of Workload:

- Machinery, equipment, or software Numerical performance targets (company determined)
 People (such as customers, supervisor, etc.) Self-paced by worker Other (specify) _____

Work Pace: Consistent – Fast Consistent – Slow Varies

Pause Control (ability to step away): Yes No

COMMUNICATION & HEARING

Work Related Communication

Speaking: (Duration – % of time)

- Up to 2% 2% up to 1/3 1/3 up to 2/3 2/3 or more Not Present Present, Duration Unknown

Internal Verbal Interactions:

- Every few minutes At least once per hour At least once per day At least once per week
 Less than once per week, including never

External Verbal Interactions:

- Every few minutes At least once per hour At least once per day At least once per week
 Less than once per week, including never

People Skills: Basic More than Basic

Hearing

In-person Speech: Yes No

Telephone: Yes No

Other Remote Speech (such as walkie-talkies, intercoms, public address systems, etc.): Yes No

Vision

Near Visual Acuity: Yes No

Far Visual Acuity: Yes No

Peripheral Vision: Yes No

Driving: Yes No Vehicle: _____

PHYSICAL DEMANDS

Sitting vs. Standing/Walking

Sitting (hours or percent) _____ **Standing/Walking** (hours or percent) _____

Sit/Stand at Will: Yes No

Lifting/Carrying

Most Weight Ever Lifted _____ lbs.

Items lifted/carried _____

Seldom	Occasional (2% up to 1/3 of the time)	Frequent (1/3 up to 2/3 of the time)	Constant (2/3 or more of the time)
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Negligible	<input type="checkbox"/> Negligible	<input type="checkbox"/> Negligible	<input type="checkbox"/> Negligible
<input type="checkbox"/> 1 to 10 lbs.	<input type="checkbox"/> 1 to 10 lbs.	<input type="checkbox"/> 1 to 10 lbs.	<input type="checkbox"/> 1 to 10 lbs.
<input type="checkbox"/> 11 to 25 lbs.	<input type="checkbox"/> 11 to 25 lbs.	<input type="checkbox"/> 11 to 25 lbs.	<input type="checkbox"/> 11 to 25 lbs.
<input type="checkbox"/> 26 to 50 lbs.	<input type="checkbox"/> 26 to 50 lbs.	<input type="checkbox"/> 26 to 50 lbs.	<input type="checkbox"/> >25 lbs.
<input type="checkbox"/> 51 to 75 lbs.	<input type="checkbox"/> 51 to 75 lbs.	<input type="checkbox"/> >50 lbs.	<input type="checkbox"/> Unknown
<input type="checkbox"/> 76 to 100 lbs.	<input type="checkbox"/> 76 to 100 lbs.	<input type="checkbox"/> Unknown	
<input type="checkbox"/> >100 lbs.	<input type="checkbox"/> >100 lbs.		
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown		

Note: Duration % = percentage of the worker's time
None = Lift/Carry not present for duration

Pushing/Pulling

	Up to 2%	2% up to 1/3	1/3 up to 2/3	2/3 or More	Not Present	Present, Duration Unknown	One / Both
Hands/Arms:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Feet/Legs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Reaching/Manipulation

	Up to 2%	2% up to 1/3	1/3 up to 2/3	2/3 or More	Not Present	Present, Duration Unknown	One / Both
Overhead Reaching:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
At/Below Shoulder Reaching:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Gross Manipulation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Fine Manipulation (include time spent keyboarding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Foot/Leg Controls:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Keyboarding: Yes No Unknown

Low Postures

	Up to 2%	2% up to 1/3	1/3 up to 2/3	2/3 or More	Not Present	Present, Duration Unknown
Work At/Below Knee Level:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stooping:	<input type="checkbox"/> Yes-Required	<input type="checkbox"/> Yes-Worker's Choice			<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Kneeling:	<input type="checkbox"/> Yes-Required	<input type="checkbox"/> Yes-Worker's Choice			<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Crouching:	<input type="checkbox"/> Yes-Required	<input type="checkbox"/> Yes-Worker's Choice			<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Crawling:	<input type="checkbox"/> Yes-Required	<input type="checkbox"/> Yes-Worker's Choice			<input type="checkbox"/> No	<input type="checkbox"/> Unknown

Climbing

Ramps or Stairs, Structural: Yes No

	Up to 2%	2% up to 1/3	1/3 up to 2/3	2/3 or More	Not Present	Present, Duration Unknown	Personal Protective Equipment
Ramps/Stairs, Work-Related:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ladders/Ropes, or Scaffolds:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
High, Exposed Places:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ENVIRONMENTAL CONDITIONS AND WORK SETTING

	Up to 2%	2% up to 1/3	1/3 up to 2/3	2/3 or More	Not Present	Present, Duration Unknown	Personal Protective Equipment
Outdoors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Cold:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wetness:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Humidity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heavy Vibration:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Hazardous Contaminants:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proximity to Moving Mechanical Parts:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Public Work Area: Yes No **Working Around Crowds:** Yes No **Telework:** Yes No

Noise Intensity Level: Quiet Moderate Loud Very Loud

Personal Protective Equipment: Yes No