

SDS Lumber LLC.
Planer Outfeed Forklift Operator Job Analysis (**JA**)

Job Title: **Planer Outfeed Forklift Operator**
Department: Planer
Shift(s): Day

Date Prepared: 12/07/25
Revision Date: 12/07/25
Name:

GENERAL JOB DESCRIPTION

The Planer Outfeed Forklift operator has the responsibility of keeping the Strapper Outfeed chain clear, allowing units to constantly be fed from the wrapping station. Operators need to know the designated stacking area for every unit, based on length and size.

QUALIFICATIONS:

Job Qualifications, Requirements and Individual Must Meet to Be Eligible for This Job

Mandatory:

1. Must be Able to Understand Verbal and Written Instructions
2. Attention to detail
3. Self-motivated and quality driven
4. Able to read calipers, micrometers, tape measures
5. Able to use and maintain portable tools such as pike pole, pry bar, picaroon
6. Self-discipline.
7. Ability to perform minor diagnostics on system to determine assistance needed in event of breakdown.
8. Ability to identify situations where additional assistance is needed and request accordingly

JOB FUNCTIONS

ESSENTIAL: (The fundamental job duties)

- Identify colors of flashing lights to determine machine status.
- Physically capable or working on feet entire work shift.
- Ability to prioritize tasks to maintain smooth flow of product.
- Ability to use pry bars, picaroons and pike poles to manipulate lumber.
- Must follow established safe practices in the execution of duties.
- Must work well as a positive contributor to safety and productivity of the overall organization.

PHYSICAL ACTIVITIES

TYPE OF EQUIPMENT OR TOOLS USED FOR THIS POSITION AND FREQUENCY OF USE:

Check appropriate box for each tool used according to the amount of time the tool used per shift.

Occasionally	0% to 30%
Frequently	30% to 60%
Constantly	60% to 100%

Tool/Equip	Never	Occasionally	Frequently	Constantly
Pry Bar		X		
Picaroon			X	
Pike Pole			X	

PERCENTAGE OF TIME DURING NORMAL WORKDAY THE EMPLOYEE IS REQUIRED TO:

<i>Task</i>	<i>%</i>	<i>Task</i>	<i>%</i>
Sit	0-5	Reach above shoulder	85
Stand	95	Crawl	0-5
Walk	95	Kneel	10-15
Lift	25	Drive	0-5
Squat	0-10	Climb-Ladders or Stairs	35
Bend-full spinal range of motion	0-5	Twist-full spinal range of motion	0-5
Pushing	15	Pulling	15-20

WEIGHT REQUIRED TO BE LIFTED EACH NORMAL WORKDAY:

Occasionally 0% to 30%
 Frequently 30% to 60%
 Constantly 60% to 100%

<i>Weight</i>	<i>Not Required</i>	<i>Occasionally</i>	<i>Frequently</i>	<i>Constantly</i>
Up to 10#				X
Up to 20#				X
Up to 30#			X	
Up to 35#		X		
Up to 40#		X		
Up to 50#	X			
Greater than 50#	X			

WEIGHT REQUIRED TO BE CARRIED EACH NORMAL WORKDAY:

<i>Weight</i>	<i>Not Required</i>	<i>Occasionally</i>	<i>Frequently</i>	<i>Constantly</i>
Up to 10#				X
Up to 20#				X
Up to 30#			X	
Up to 35#			X	
Up to 40#		X		
Up to 50#	X			
Greater than 50#	X			

DESCRIBE AND EXPLAIN LIFTING AND CARRYING REQUIREMENTS:

- 0-35# Represents weights of tools and pieces of lumber.
- 40# to 50# represents the weight of lumber being handled or force required to manipulate lumber

REPETITIVE USE OF HANDS:

Occasionally 0% to 30%
 Frequently 30% to 60%
 Constantly 60% to 100%

FINE MANIPULATION		SIMPLE GRASPING		POWER GRIP	
Hand	Duration	Hand	Duration	Hand	Duration
RIGHT		RIGHT		RIGHT	
LEFT		LEFT		LEFT	
BOTH	Frequently	BOTH	Frequently	BOTH	Occasionally

USE OF FEET:

For operation of machinery control pedals including equipment operation.

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Foot	Duration
RIGHT	
LEFT	
BOTH	Occasionally

ENVIRONMENTAL EXPOSURES:

Time Spent:	Inside:	100%	Outside:	0%
Temperature:	Normal:	Ambient		
Humidity:	Low:	Ambient	High:	
Atmosphere:	Fumes:	none		
	Odors:	None		
	Dust:	Minimal dust		
	Gas:	None		
Noise:	85-95dBA			

Special Hazards:

Hazard	Description
Mechanical Hazards	Moving chains and machinery, falling lumber
Electrical	None
Chemical	None
Explosive	None
Radiation	None
Burn	Space heaters
Slip and fall	Slippery work surfaces due to poor housekeeping, tripping hazards due to poor housekeeping
Heat stress	During hot season. Rehydration and climate control rooms provided

DOCTOR'S COMMENTS

The worker may resume regular, unrestricted activity as of (date) _____

Doctor's Signature _____ Date _____

*****date of release is same as Physician's signature unless specified as different above***