

1. IDENTIFICATION		
Last name of insured	First name of insured	CCQ client number
Name of company	Trade practised	<input type="checkbox"/> Right-handed <input type="checkbox"/> Left-handed
As you are a construction contractor, this table is intended to determine the percentage of time devoted to management of your company and to physical activities related to the company.		
Apparatuses/equipment/tools used for the work		

2. DURING A WORK WEEK, HOW FREQUENTLY ARE THE FOLLOWING ACTIVITIES PERFORMED?						
Physical activity	NEVER 0 %	RARELY 1-25 %	OCCASIONALLY 26-50 %	FREQUENTLY 51-75 %	VERY FREQUENTLY 76-98 %	ALWAYS 100 %
Lifting/carrying 0-10 lb (0-5 kg)						
Lifting/carrying 10-20 lb (5-10 kg)						
Lifting/carrying 20-50 lb (10-23 kg)						
Lifting/carrying 50+ lb (23+ kg)						
Pushing/pulling 0-10 lb (0-5 kg)						
Pushing/pulling 10-20 lb (5-10 kg)						
Pushing/pulling 20-50 lb (10-23 kg)						
Pushing/pulling 50+ lb (23+ kg)						
Walking on flat terrain						
Walking on uneven or irregular terrain						
Sitting						
Standing						
Climbing a ladder/scaffolding						
Climbing stairs						
Keeping your balance						
Leaning over						
Squatting						
Kneeling						
Going on all fours						
Crawling						
Stepping over things						
Working above your shoulders						
Holding firmly with the hands						
Moving your hands and fingers						

3. DO THE FOLLOWING SITUATIONS OCCUR AT YOUR JOB?

Activities related to company management	NEVER 0 %	RARELY 1-25 %	OCCASIONALLY 26-50 %	FREQUENTLY 51-75 %	VERY FREQUENTLY 76-98 %	ALWAYS 100 %
Coordinating workers' activities (schedule, tasks, etc.)						
Supervising employees on the construction site						
Recruiting personnel and subcontractors						
Resolving problems (technical, administrative, etc.)						
Managing the company (bookkeeping, supplies, etc.)						
Estimating contracts						

4. ARE YOU SUBJECTED TO THE FOLLOWING CONDITIONS AT YOUR JOB?

Work environment	NEVER 0 %	RARELY 1-25 %	OCCASIONALLY 26-50 %	FREQUENTLY 51-75 %	VERY FREQUENTLY 76-98 %	ALWAYS 100 %
Cold						
Heat						
Noise						
Vibration						
Smoke						
Humidity (indoor/outdoor)						
Machines in motion						
Work at heights						
Dust						
Tight spaces (e.g., elevator cage)						
Products that are dangerous (explosives) or toxic (gases)						

5. SIGNATURE

I, the undersigned, declare that I have filled out this table to the best of my knowledge.

Signature

Date (YYYY-MM-DD)

Send this form to the following address:

Commission de la construction du Québec
Section assurance invalidité
Case postale 2515
Succursale Chabanel
Montréal (Québec) H2N 0C7