



## Stress/Non-Physical Demands

**A. Select the response that best describes the demands of the position over an average work week as they relate to the essential functions of the position. Please answer all questions. Give an example for all answers other than "0%, never".**

Never 0%	Occasionally Less than 25%	Frequently 25-80%	Continuously 80-100%
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1. Interact with individuals within the organization (i.e., management, coworkers, subordinates, other department personnel, etc.)  
Example:

Are the interactions ever confrontational and/or difficult?  
Explain:

2. Interact with individuals outside the organization (i.e., customers, general public, vendors, etc.)  
Example:

Are the interactions ever confrontational and/or difficult?  
Explain:

3. Must meet deadlines  
Example:

4. Responsible for high volume work  
Example:

5. Make immediate decisions  
Example:

6. Respond to emergency and/or crisis  
Example:

7. Depends on assistance of and cooperation with coworkers  
Example:

8. Must speak in front of a group  
Example:

9. Tasks performed in accordance with specified instructions and/or detailed guidelines  
Example:

10. Tasks performed according to broad directions  
Example:

	Never 0%	Occasionally Less than 25%	Frequently 25-80%	Continuously 80-100%
11. Perform a few tasks or a series of related tasks within a moderate period of time Example:				
12. Perform a variety of complex tasks within a moderate period of time Example:				
13. Compose original documents Example:				
14. Comprehend and remember information presented verbally Example:				
15. Comprehend and remember information presented in writing Example:				
16. Perform difficult, complex work which may include research, analysis, recommendation formulation, composition and/or presentation Example:				
<b>B. Reading:</b> Indicate the reading level(s) and frequency required by this position. If reading level frequency is not "0%, never", briefly describe the types of materials which must be read.				
1. Simple (examples: labels, gauges and dials, simple instructions, information on completed forms, simple sentences, etc.) Example:				
2. Moderate (examples: operating procedures, paragraphs, detailed instructions, letters, reports, etc.) Example:				
3. Complex (examples: technical and professional reports, journals, federal and state laws, regulations, etc.) Example:				

Work Conditions				
<b>A. Please answer the following questions. After you have read all the possible responses, choose the response that best describes the work condition(s). Do <u>not</u> leave any item unanswered.</b>				
	Never 0%	Occasional Less than 25%	Moderate 25-80%	Great 80-100%
1. Inside protected from weather, exclude motor vehicles				
2. Outside (exposed to weather)				
3. Wetness - contact with water (does not include rain) Explain:				
4. Slippery walking surface Explain:				
5. Bodily injury (risk of lacerations, burns, bites, sprains, fractures, amputations) Explain:				
6. Close proximity to co-workers (less than 3 feet) Explain:				
7. Confined spaces and/or cramped bodily conditions Explain:				
8. Heights (ladders, platforms, etc. over 3 feet) Explain:				
<b>B. What category of equipment is operated to perform the essential duties of the job? Please check all that apply.</b>				
1. Office equipment (computer, copiers, phone, etc.)				
2. Non powered hand tools (pliers, machete, hammer, screwdrivers, etc.)				
3. Portable power tools (drills, sanders, etc.)				
4. Large handheld power tools (electric saw, etc.)				
5. Jackhammer or taper				
6. Fixed power machinery (radial saw, brake grinder, etc.)				
7. Automotive equipment other than car or van (tractor, backhoe, etc.)				
8. Other: specify unique or technical equipment				
a.				
b.				
<b>C. List protective equipment required to be worn while performing the job (for example: safety shoes, back belts, ear plugs, etc.) and indicate the frequency with which the equipment must be worn.</b>				
Note: Continuous = more than 5 hours a day Frequently = more than 10 hours a week or more than 40 hours a month; Occasional = less than 40 hours per month Seasonal = on a continuous bases for 2 or more months a year but not year round.				
	Occasional	Frequently	Continuous	Seasonal
1.				
2.				
3.				

D. How would you rate the amount of work place exposure to the following? (Answer all questions. If exposure is not 0%, briefly explain/describe the exposure.)				
	Never 0%	Little Less than 25%	Moderate 25-80%	Great 80-100%
1. Vibrations (arms, legs, torso) Explain:				
2. Noise (fairly loud sound - Example: Lawnmower) Explain:				
3. Burns (risk due to fire or chemical) Explain:				
4. Non-ionizing radiation (welding flashes, sunburn) Explain:				
5. Dust - fine particles of earth or matter (exclude asbestos or silica) Explain:				
6. Silica or asbestos dust Explain:				
7. Allergens (insects, pollen, poison oak, animal hair) Explain:				
8. Toxic conditions (fumes, liquids, gases, hazardous materials) Explain:				
9. Chemical irritants (eyes, lungs, skin) Explain:				
10. Oil or grease (use of) Explain:				
11. Odors (come in contact with noxious air) Explain:				
12. Explosives (work with or near material which under certain conditions is apt to explode) Explain:				
13. Electrical hazard (contact with uninsulated or unshielded electrical equipment) Explain:				
14. Ionizing radiation (X-rays, radioactive isotopes) Explain:				
15. Machinery with moving parts Explain:				
16. Other (please specify) a. Explain:				
b. Explain:				

Physical Demands											
<b>A. In the course of a normal workday (as related to the essential duties of the position) the number of total working hours the employee is required to:</b> (Please circle the correct number of hours.)											
1.	Sit	1	2	3	4	5	6	7	8	9	10
2.	Stand	1	2	3	4	5	6	7	8	9	10
3.	Walk	1	2	3	4	5	6	7	8	9	10
4.	Drive	1	2	3	4	5	6	7	8	9	10
<b>B. On the job the employee must daily:</b>							Never	Less than 2 hours	2-4½ hours	4½ hours or greater	
1.	Bend/stoop (from the waist)										
2.	Climb										
3.	Reach above shoulder level										
4.	Kneel										
5.	Balance/equilibrium										
6.	Push/pull										
7.	Squat (knees & hips flexed, back straight)										
8.	Crawl										
9.	Crouch (knees & hips flexed; back, shoulders & neck bent)										
10.	Twist/turn from the waist										
<b>C. Speech</b>							Occasionally 0-20%	Frequently 20-75%	Continuous 75-100%		
1.	Requires speaking on the phone Explain:										
2.	Requires face to face conversation with the public Explain										
<b>D. Lifting:</b> during the course of a normal work day this employee must <b>LIFT</b> :											
1.	Usual amount: _____ pounds Example:										
2.	Maximum amount: _____ pounds Example:										
<b>E. Carrying:</b> During work this employee must <b>CARRY</b> :											
1.	Usual amount: _____ pounds Example:										
2.	Maximum amount: _____ pounds Example:										
3.	Over a usual distance of _____ feet Example:										
4.	Over a maximum distance of _____ feet Example:										

<b>F. On the job the employee uses his/her feet for frequent repetitive movements (excludes walking) as in operating a clutch or foot controls.</b>			
Right Foot	Yes	No	Example:
Left Foot	Yes	No	Example:
<b>G. On the job the employee uses his/her hands for frequent repetitive actions such as:</b>			
Simple Grasping (Holding a pencil)	Firm Grasping (Using hammer or saw)	Fine Manipulation (Typing, drafting, intricate writing)	Example:
Right Hand			
Left Hand			
Section H and I deal with vision and hearing as they relate to the essential job duties of the position. Please consider how <u>important</u> or <u>critical</u> the ability is.			
		Not at all	Somewhat      Very
<b>H. Vision</b>			
1.	Near (working with fine or small objects at near distances) Example:		
2.	Far (ability to see objects or surroundings at far distances) Example:		
3.	Color (identifies colors and/or determines how bright or pure the color is) Example:		
<b>I. Hearing</b>			
1.	In quiet surroundings Example:		
2.	In noisy surroundings Example:		
3.	Ability to tell where sound is coming from Example:		
4.	Ability to identify sound Example:		
Supervisor's Signature		Date	

Additional space provided for continuation of examples and explanations. Use if necessary.