

4. **PHYSICAL DEMANDS.**

Physical Activity: How much on-the-job time is spent in the following physical activities? Show the amount of time by checking the appropriate boxes below.

AMOUNT OF TIME				
Activity	None	Up to 1/3	1/3 to 2/3	2/3 or More
Stand				
Walk				
Sit				
Talk or hear				
Use hands to finger, handle or feel				
Climb or balance				
Stoop, kneel, crouch or crawl				
Reach with hands and arms				
Taste or smell				

Physical Effort: Does this position require that weight be lifted or force be exerted? If so, how much and how often? Check the appropriate boxes below.

AMOUNT OF TIME				
Weight	None	Up to 1/3	1/3 to 2/3	2/3 or More
Up to 10 pounds				
Up to 25 pounds				
Up to 50 pounds				
Up to 100 pounds				
More than 100 pounds				

Vision Requirements: Does this position have any special vision requirements? Check all that apply.

<input type="checkbox"/>	Close vision — clear vision at 20 inches or less.
<input type="checkbox"/>	Distance vision — clear vision at 20 feet or more.
<input type="checkbox"/>	Color vision — ability to identify and distinguish colors.
<input type="checkbox"/>	Peripheral vision — ability to observe an area that can be seen up and down or left and right while eyes are fixed on a given point.
<input type="checkbox"/>	Depth perception — three-dimensional vision, ability to judge distances and spatial relationships.
<input type="checkbox"/>	Ability to adjust focus — ability to adjust the eye to bring an object into sharp focus.
<input type="checkbox"/>	No special vision requirements

Specific Duties: List specific duties that require the **physical demands** selected above.

5. **WORK ENVIRONMENT.**

Environmental Conditions: How much exposure to the following environmental conditions does this position require? Show the amount of time by checking the appropriate boxes below.

AMOUNT OF TIME				
Activity	None	Up to 1/3	1/3 to 2/3	2/3 or More
Wet, humid conditions (non-weather)				
Work near moving mechanical parts				
Work in high, precarious places				
Fumes or airborne particles				
Toxic or caustic chemicals				
Outdoor weather conditions				
Extreme cold (non-weather)				
Extreme heat (non-weather)				
Risk of electrical shock				
Risk of radiation				
Vibration				

Noise: How much noise is typical for the work environment of this position? Check the appropriate level below.

<input type="checkbox"/>	Very quiet — example: isolated office.
<input type="checkbox"/>	Quiet — examples: library, private office.
<input type="checkbox"/>	Moderate noise — examples: business office with typewriters and/or computer printers, light traffic.
<input type="checkbox"/>	Loud noise — example: institutional kitchen.
<input type="checkbox"/>	Very loud noise — example: construction zone.

Specific Duties: List specific duties that are affected by the **environmental conditions** selected above.

6. **QUALIFICATION REQUIREMENTS.** List the knowledge, skills, and experience required to perform the duties and responsibilities of this position (refer to the first page of this document). **BE SPECIFIC!**

Educational Requirements:

Years and Type of Experience:

Computer Skills:

Other: (Interpersonal, supervisory, organizational, etc.)



QUESTIONNAIRE PREPARED BY:

Name: _____ Date: _____

Title: _____

Basis for knowledge of position: Currently in position
 Supervise position
 Other, please explain _____

