

JOB ANALYSIS OF WORK DEMANDS

NORTH DAKOTA HUMAN RESOURCE MANAGEMENT SERVICES
 DIVISION OF OFFICE OF MANAGEMENT AND BUDGET
 SFN 54326 (4/05)

Employee Name	Position Number
Job Title	Division

Instructions:

- This document is intended to supplement the Position Information Questionnaire (PIQ) (SFN 2572) and the Job Duty Analysis Questionnaire in an effort to analyze the physical and mental work demands of a job and the environmental conditions in which it is performed.
- Physical demands sometimes describe the customary method of achieving an essential function. Physical demands may, in some instances, be accomplished using other methods.
- An analysis should be completed for each position. Documentation for jobs with multiple positions, unless the position duties/tasks are essentially different, will likely be able to be duplicated for all the positions in the class. In the case of multiple position jobs, be sure to identify any unique differences of a specific position.
- When completing the form, look at the job from a typical/average work day perspective.
- This form must be completed with both incumbent and supervisor input. Ideally, the incumbent will complete the form, the supervisor will review it, and the document will be finalized after discussion has occurred between both individuals.

WORK POSTURE REQUIREMENTS

In a typical work day, indicate the frequency of a task by placing a D, M, or W in the percentage time column. Then identify which PIQ task number(s) require this activity.	Time: R – Rarely O – Occasionally F – Frequently C – Continuously	Frequency: D - Daily M - Monthly W - Weekly	PIQ Task (Number/Letter)
	Percentage Time Designation		

PHYSICAL DEMANDS	Percentage Time Designation				
	R < 1%	O 1-33%	F 34-66%	C 67-100%	
Balancing					
Bending					
Climbing (step stool)					
Crawling					
Crouching					
Driving					
Hearing					
Jogging					
Kneeling					
Ladders (ascend/descend)					
Reaching					
Reaching above shoulder					
Reaching below shoulder					
Seeing					
Sitting					
Stairs (ascend/descend)					
Standing					
Stooping					
Twisting					
Walking					

LIFTING/CARRYING/MOVING REQUIREMENTS

Use the following letters to indicate frequency:

(R) Rarely < 1% (O) Occasionally 1-33% (F) Frequently 34-66% (C) Continuously 67-100%
 (D) Daily (M) Monthly (W) Weekly

Example: If an item is lifted 35% daily, the item would be recorded in the "lifted frequency" column as FD.

Note: "lifted" includes pushing and pulling effort while stationary; "carried" includes pushing and pulling effort while walking.

Items	PIQ Task Number(s)	Approx, Weight & Distance	Lifted	Carried	Moved
			<input type="checkbox"/> Chest <input type="checkbox"/> Floor <input type="checkbox"/> Knee <input type="checkbox"/> Overhead <input type="checkbox"/> Waist	<input type="checkbox"/> Chest <input type="checkbox"/> Floor <input type="checkbox"/> Knee <input type="checkbox"/> Overhead <input type="checkbox"/> Waist	<input type="checkbox"/> Cart <input type="checkbox"/> Change Belt <input type="checkbox"/> Fork Lift <input type="checkbox"/> Hand <input type="checkbox"/> Truck <input type="checkbox"/> Other:
			Frequency:	Frequency:	Frequency:
			<input type="checkbox"/> Chest <input type="checkbox"/> Floor <input type="checkbox"/> Knee <input type="checkbox"/> Overhead <input type="checkbox"/> Waist	<input type="checkbox"/> Chest <input type="checkbox"/> Floor <input type="checkbox"/> Knee <input type="checkbox"/> Overhead <input type="checkbox"/> Waist	<input type="checkbox"/> Cart <input type="checkbox"/> Change Belt <input type="checkbox"/> Fork Lift <input type="checkbox"/> Hand <input type="checkbox"/> Truck <input type="checkbox"/> Other:
			Frequency:	Frequency:	Frequency:
			<input type="checkbox"/> Chest <input type="checkbox"/> Floor <input type="checkbox"/> Knee <input type="checkbox"/> Overhead <input type="checkbox"/> Waist	<input type="checkbox"/> Chest <input type="checkbox"/> Floor <input type="checkbox"/> Knee <input type="checkbox"/> Overhead <input type="checkbox"/> Waist	<input type="checkbox"/> Cart <input type="checkbox"/> Change Belt <input type="checkbox"/> Fork Lift <input type="checkbox"/> Hand <input type="checkbox"/> Truck <input type="checkbox"/> Other:
			Frequency:	Frequency:	Frequency:
			<input type="checkbox"/> Chest <input type="checkbox"/> Floor <input type="checkbox"/> Knee <input type="checkbox"/> Overhead <input type="checkbox"/> Waist	<input type="checkbox"/> Chest <input type="checkbox"/> Floor <input type="checkbox"/> Knee <input type="checkbox"/> Overhead <input type="checkbox"/> Waist	<input type="checkbox"/> Cart <input type="checkbox"/> Change Belt <input type="checkbox"/> Fork Lift <input type="checkbox"/> Hand <input type="checkbox"/> Truck <input type="checkbox"/> Other:
			Frequency:	Frequency:	Frequency:

Items carried on person:

- Beeper
- Tool Belt
- Two-Way Radio
- Other (list)

ENVIRONMENTAL CONDITIONS					
In a typical work day, indicate the frequency of a task by placing a D, M, or W in the percentage time column. Then identify which PIQ task number(s) require this activity.	Time: R – Rarely O – Occasionally F – Frequently C – Continuously		Frequency: D - Daily M - Monthly W - Weekly		PIQ Task (Number/Letter)
	R < 1%	O 1-33%	F 34-66%	C 67-100%	
Exposure to electrical hazards					
Works in cramped quarters					
Exposure to dust/smoke					
Exposure to fumes/odors/grease/oil					
Works in hot/cold temperatures					
Travel required					
On call					
Works inside					
Works outside					
Exposure to noise					
Exposure to chemicals					
Stand on concrete					
Vibration					
Exposure to toxic materials					
Works at unprotected heights					
Shift work					
Walk on uneven or slippery surface					
Works in wet conditions					
Works with others					
Works alone					
Works with moving machinery					
Other (identify)					
MENTAL DEMANDS					
Problem solving					
Analytical Ability					
Communication – oral					
Communication – written					
Money handling					
Organization					
Interpersonal skills					
Calculating					
Concentration					
Perception					
Creativity					
Working with interruptions					
Other (list)					
DEXTERITY REQUIREMENTS					
Eye/Hand coordination					
Feet (foot pedals)					
Fingering (picking, pinching, sewing, using a calculator)					
Handling (holding, grasping)					
Wrist motion (repetitive flexion/rotation)					

OTHER JOB FACTORS	
How many hours are worked per day?	What is the work time?
How many days are worked per week?	What days are worked?
Is overtime required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many hours per day? Days per week or hours per week?	
Does this position have access to confidential files and information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the employee have to answer customer complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What percentage of the employee's time is spent meeting deadlines set by others?	
How much responsibility does the employee have for the overall performance of his/her particular department?	
<input type="checkbox"/> 100%	
<input type="checkbox"/> 75%	
<input type="checkbox"/> 50%	
<input type="checkbox"/> 25%	
<input type="checkbox"/> 0-25%	

I have read this questionnaire and find it to be complete and an accurate reflection of the position.

Employee	Date
Supervisor	Date