

APPENDIX 1

Preparation

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APPENDIX 1

This appendix corresponds with Step 1: Preparation. It provides completed examples for:

- a JR/PD Survey;
- a JR/PD Survey Summary Report; and
- an AF Form 190.

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JOB REQUIREMENTS AND PHYSICAL DEMANDS SURVEY

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JRPD SURVEY

A completed JRPD survey form is provided to show the type of information upon which the JRPD Survey Summary Report was compiled. One note of caution: the installation Ergonomics Working Group (EWG) does not make conclusions based on responses on individual surveys. This sample is only intended to provide an understanding of the overall process.

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JOB REQUIREMENTS AND PHYSICAL DEMANDS SURVEY

Job Requirements and Physical Demands Survey	Date (YYMMDD) <i>980831</i>	Workplace Identifier:	<i>NA</i>
<i>(use this space for mechanical imprint)</i>	Base <i>Kirtland AFB</i>	Organization <i>DeCA</i>	
	Workplace <i>Commissary - Cashier</i>		
	Bldg. No/Location <i>20180</i>	Room/Area	
	AFSC/Job Series <i>GS-2091-03 Sales Store Cashier</i>		
Gender: Female <input checked="" type="radio"/> Male <input type="radio"/>			
Work Group: Civilian <input checked="" type="radio"/> Grade: 3 Military <input type="radio"/> Rank:			
Age Category: 20 and under <input type="radio"/> 21-30 <input type="radio"/> 31-40 <input type="radio"/> over 40 <input checked="" type="radio"/>			
Length of service at this base: less than one year <input checked="" type="radio"/> more than one year <input type="radio"/>			
Length of time in current shop: less than one year <input checked="" type="radio"/> more than one year <input type="radio"/>			
Have you completed this questionnaire before? Yes <input type="radio"/> No <input checked="" type="radio"/>			

Part I - Job Factors

This section enables you to describe what is involved in your job. Indicate how long you do this work on approximately a daily basis.

A. DESCRIPTION OF WORK

SHOULDER / NECK

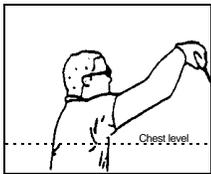


Figure A.

	Never	0-2 hrs.	2-4 hrs.	4-8 hrs.
1. I work with my hands at or above chest level. (Figure A.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

2. To get to or to do my work, I must lay on my back or side and work with my arms up.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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3. I must hold or carry materials (or large stacks of files) during the course of my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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4. I force or yank components or work objects in order to complete a task.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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5. I reach or hold my arms in front of or behind my body (e.g., using a keyboard, filing, handling parts, performing inspection tasks, pushing or pulling carts, etc.). (Figure B.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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Figure B.

.....				
6. My neck is tipped forward or backward when I work. (Figure C.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

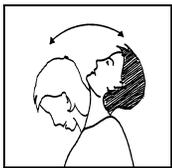


Figure C.

7. I cradle a phone or other device between my neck and shoulder. (Figure D.).....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Figure D.

Part I - Job Factors (continued)

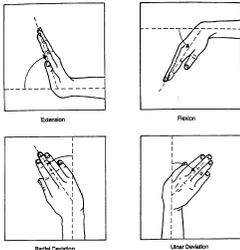


Figure E.

- 8. My wrists are bent (up, down, to the thumb or little finger side) while I work. (Figure E.)
- 9. I apply pressure or hold an item/material/tool (e.g., screw driver, spray gun, mouse, etc.) in my hand for longer than 10 seconds at a time.



Figure F.

- 10. My work requires me to use my hands in a way that is similar to wringing out clothes. (Figure F.)
- 11. I perform a series of repetitive tasks or movements during the normal course of my work (e.g., using a keyboard, tightening fasteners, cutting meat, etc.).....
- 12. The worksurface (e.g., desk, bench, etc.) or tool(s) that I use presses into my palm(s), wrist(s), or against the sides of my fingers leaving red marks on or beneath the skin.
- 13. I use my hand/palm like a hammer to do certain aspects of my work.
- 14. My hands and fingers are cold when I work.
- 15. I work at a fast pace to keep up with a machine production quota or performance incentive.
- 16. The tool(s) that I use vibrates and/or jerks my hand(s) and arms(s).
- 17. My work requires that I repeatedly throw or toss items.....
- 18. My work requires me to twist my forearms, such as turning a screwdriver.
- 19. I wear gloves that are bulky, or reduce my ability to grip.
- 20. I squeeze or pinch work objects with a force similar to that which is required to open a lid on a new jar.
- 21. I grip work objects or tools as if I am gripping tightly onto a pencil.

HAND/WRIST/ARM

Never
0-2 hrs.
2-4 hrs.
4-8 hrs.

Part I - Job Factors (continued)

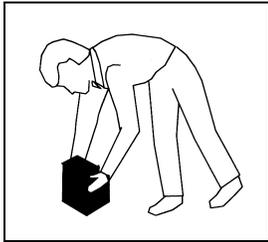


Figure G.

BACK/TORSO

	Never	0-2 hrs.	2-4 hrs.	4-8 hrs.
22. When I lift, move components, or do other aspects of my work, my hands are lower than my knees. (Figure G.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I lean forward continually when I work (e.g., when sitting, when standing, when pushing carts, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
24. The personal protective equipment or clothing that I wear limits or restricts my movement.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I repeatedly bend my back (e.g., forward, backward, to the side, or twist) in the course of my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
26. When I lift, my body is twisted and/or I lift quickly. (Figure H.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
27. I can feel vibration through the surface that I stand on or through my seat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
28. I lift and/or carry items with one hand. (Figure I.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
29. I lift or handle bulky items.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I lift materials that weigh more than 25 pounds.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>



Figure H.



Figure I.

Part I - Job Factors (continued)

LEGS / FEET



Figure J.



Figure K

- | | Never | 0-2 hrs. | 2-4 hrs. | 4-8 hrs. |
|--|----------------------------------|----------------------------------|-----------------------|----------------------------------|
| 31. My work requires that I kneel or squat. (Figure J.) | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32. I must constantly move or apply pressure with one or both feet (e.g., using foot pedals, driving, etc.). | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. When I'm sitting, I cannot rest both feet flat on the floor. (Figure K.) | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34. I stand on hard surfaces. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |

HEAD / EYES

- | | | | | |
|--|----------------------------------|-----------------------|-----------------------|----------------------------------|
| 35. I can see glare on my computer screen or worksurface. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 36. It is difficult to hear a person on the phone or to concentrate because of other activity, voices, or noise in/near my work area ... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 37. I must look at the monitor screen constantly so that I do not miss important information (radar scope). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 38. It is difficult to see what I am working with (monitor, paper, parts, etc.). | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Part I - Job Factors (continued)

B. ORGANIZATIONAL FACTORS

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
	1	2	3	4	5
39. I often feel unclear on what the scope and responsibilities of my job are.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. I often feel that I have too heavy of a workload, one that I could not possibly finish during an ordinary workday.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I often feel that I will not be able to satisfy the conflicting demands of various people around me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
42. I often find myself unable to get information needed to carry out my job.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. I often do not know what my supervisor thinks of me, how he/she evaluates my performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
44. I often think that the amount of work I have to do interferes with how well it's done.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. PHYSICAL EFFORT

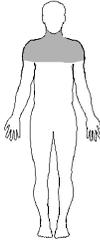
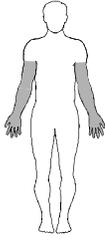
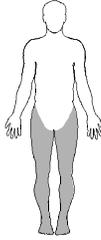
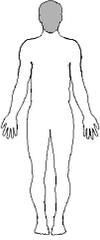
45. How would you describe the physical effort required of your job?

6 No exertion at all	7 Extremely light	8	9 Very light	10	11 Light	12	13 Somewhat hard	14	15 Hard	16	17 Very hard	18	19 Extremely hard	20 Maximal exertion
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>					

Part II - Your Body's Response to Work Demands

D. DISCOMFORT FACTORS

This section enables you to identify how your body responds to the demands of *your job*. In each section, answer the first question. If the answer is "no" go to the next column.

<u>Question</u>					
	<u>Shoulder/Neck</u>	<u>Hands/Wrists/Arms</u>	<u>Back/Torso</u>	<u>Legs/Feet</u>	<u>Head/Eyes</u>
<ul style="list-style-type: none"> In the past 12 months, have you experienced <u>any</u> discomfort, fatigue, numbness, or pain that <i>relates to your job</i>? 	46. Yes <input checked="" type="radio"/> No <input type="radio"/> <i>If "no", go to question 49</i>	49. Yes <input checked="" type="radio"/> No <input type="radio"/> <i>If "no", go to question 52</i>	52. Yes <input checked="" type="radio"/> No <input type="radio"/> <i>If "no", go to question 55</i>	55. Yes <input checked="" type="radio"/> No <input type="radio"/> <i>If "no", go to question 58</i>	58. Yes <input checked="" type="radio"/> No <input type="radio"/> <i>If "no", go to question 61</i>
<ul style="list-style-type: none"> How often do you experience discomfort, fatigue, numbness, or pain in this region of the body? 	47. Daily <input checked="" type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/>	50. Daily <input checked="" type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/>	53. Daily <input type="radio"/> Weekly <input checked="" type="radio"/> Monthly <input type="radio"/>	56. Daily <input type="radio"/> Weekly <input checked="" type="radio"/> Monthly <input type="radio"/>	59. Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input checked="" type="radio"/>
<ul style="list-style-type: none"> On average, how severe is the discomfort, fatigue, numbness, or pain in this region of the body? 	48. Mild <input checked="" type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/>	51. Mild <input checked="" type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/>	54. Mild <input checked="" type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/>	57. Mild <input checked="" type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/>	60. Mild <input checked="" type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/>

Part II - Your Body's Response to Work Demands (continued)

E. GENERAL QUESTIONS

61. In the past 12 months, have you seen a health care provider for any pain or discomfort that you think **relates to your job**? Yes No
62. Do you experience any work-related pain or discomfort that does not improve when you are away from work overnight or over the weekend? Yes No
63. In the past 12 months, has any work-related pain or discomfort caused you difficulty in carrying out normal activities (e.g., job, hobby, leisure, etc.)? Yes No
64. Has a health care provider ever told you that you have any of the following conditions which you think might be **related to your work**? Yes No
- Tendonitis/Tenosynovitis
 - Epicondylitis (Tennis Elbow)
 - Thoracic Outlet Syndrome
 - Ganglion Cyst
 - Bursitis
 - Back Strain
 - Trigger Finger
 - Carpal Tunnel Syndrome
 - Knee or Ankle Strain
 - Overuse Syndrome
65. Do you have or have you ever had one or more of the following conditions? Yes No
- Wrist Fracture
 - Thyroid Disorder
 - Rheumatoid Arthritis
 - Hypertension
 - Diabetes
 - Kidney Disorders
 - Gout

Part III - Work Content

The section below will enable you to describe the content of the work that you do in your current shop.

Fill in the box that describes how frequently you do the task listed, based on the following definitions:

- **Routine:** Performed on three or more days per week.
- **Non-routine:** Performed two days a week or less.
- **Seasonal:** Performed only during certain times of the year
- **Never/NA:** You do not perform this type of work.

No.	Type of Work	Work Frequency (Check one)			
		<u>Routine</u>	<u>Non-Routine</u>	<u>Seasonal</u>	<u>Never/NA</u>
66.	abrading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
67.	baking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
68.	bolting/screwing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
69.	calling (telephone use)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70.	chipping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
71.	cleaning by hand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
72.	cleaning with high pressure equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
73.	coating/immersing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
74.	cooking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
75.	copying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
76.	crimping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
77.	cutting/shearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
78.	drafting/CAD system use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
79.	drilling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
80.	driving (vehicles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
81.	excavating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
82.	filing/general administrative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
83.	flame cutting/arc cutting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
84.	folding/fitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
85.	gluing/laminating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
86.	grinding/buffing/polishing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
87.	hammering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
88.	lifting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89.	loading (pallets, trucks, carts, aircraft)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
90.	lubricating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Part III - Work Content (Continued)

No.	Type of Work	Work Frequency (Check one)			
		Routine	Non-Routine	Seasonal	Never/NA
91.	machining	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
92.	masonry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
93.	melting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
94.	molding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
95.	monitoring (visual displays)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
96.	mousing (for computer work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
97.	nailing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
98.	opening/closing heavy doors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
99.	packing/packaging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
100.	painting/spray painting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
101.	paving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
102.	pumping (by hand)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
103.	riveting/bucking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
104.	sanding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
105.	sawing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
106.	scanning (using bar code readers)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107.	sewing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
108.	soldering/brazing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
109.	stapling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
110.	stripping/depainting by hand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
111.	stripping/depainting mechanically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
112.	transporting loads on non-powered carts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
113.	turning valves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
114.	tying/twisting/wrapping	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115.	typing/keying	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116.	welding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
117.	wheeling loads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
118.	wiring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
119.	wrenching/ratcheting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
120.	writing/illustrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	(Write in others)				
121.	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122.	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part IV - Process Improvement Opportunities

Think about your job as a whole, including routine, non-routine or seasonal work.

Read the questions listed below and **describe the activities** that you or your co-workers think place the greatest demands on your body.

1. Which tasks are the most awkward or require you to work in the most uncomfortable positions?
<i>Scanning a 20-40lbs bag of dog food.</i>
<i>Standing all day.</i>

2. Which tasks take the most effort?
<i>Standing all day.</i>

3. Are there any tools or pieces of equipment that are notoriously hard to work with? (If so, list them below)
<i>Certain conveyor belt makes a lot of noise, which causes an earache</i>
<i>Headache by the end of the day.</i>

4. If you could make any suggestions that would help you do your job more easily or faster or better, what would you suggest?
<i>Gun scanner for heavy merchandise.</i>
<i>Bar stool for each register, to minimize prolonged standing.</i>
<i>Conveyor belt should be routinely checked for noise level.</i>

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JRPD Survey Summary Report

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JRPD Survey Summary Report

You will need to refer to this report when you are conducting pro-active problem-solving in EPRA-designated shops. Table A describes parts of the report that may be particularly helpful.

Table A
JRPD Survey Summary Report - Items to Include in Pre-Shop Visit Review

Where	Selected Items/Information	What it Tells You
Page 1	<p>Steps 1, 2, and 3.</p> <p>Items A.1-A.5 and D.1-D.5 are combined using the Ranking Matrix to generate the Priority Rank for the shop. The highest score for any body region (e.g., shoulder/neck, back/torso, etc.) is used as the Priority Rank on which the EWG makes its initial judgment about EPRA status.</p>	<p>Look at the highest body part ratings for the shop as a whole. If the shoulder/neck, for example, gets the highest ratings, you may wish to pay special attention to risk factors/demands on the shoulder as you perform assessments in the shop.</p> <p>Also, if your Level I Checklist results generate a high relative score for the same region, you might conclude that the job/task that is the focus of your assessment, may be contributing to reported shoulder/neck problems throughout the shop.</p>
Page 2	<p>Steps 4 and 5.</p> <p>The Organizational Rating indicates the perceived level of “job stress” in the shop.</p> <p>The Physical Effect Factors score indicates people’s overall perception of physical demands (e.g., easy, hard, etc.)</p>	<p>A “high” Organizational Rating could indicate that high levels of job stress (e.g., poor relationship with supervisor, high work load, etc.) throughout the shop may be increasing people’s experience with pain and discomfort. While you are not necessarily responsible for dealing with job stress, employees may comment about it during the course of your assessment.</p> <p>A Physical Effect Factors score of 15 or higher indicates that employee’s think the over job demands in the shop are “high” (15 = hard on the survey). You should be sensitive to this as you are performing the assessment.</p>

Table A (Cont'd)
JRPD Survey Summary Report - Items to Include in Pre-Shop Visit Review

Where	Selected Items/Information	What it Tells You
Page 2	Step 6. Health Care Provider Score. Activity Interruption Percentage.	Health Care Provider Score indicates number of employees who have received prior medical attention for a disorder. Activity Interruption Percentage indicates the percentage of employees whose work or home activities have been affected by work-related pain or discomfort.
Page 2	Step 7. List of routine types of work.	This information is particularly important. This is the list of tasks that you will verify with the shop supervisor and from which you may select jobs to include in your proactive assessment.
Page 3	Step 8. Information on “potential concerns” and “improvement opportunities” within the shop.	Information in Step 8 may help you fine tune or prioritize the list of jobs you wish to include in your assessment. Pay close attention to the improvement opportunity remarks. Employees are providing you with some time-saving insight into what may help reduce ergonomics risk factors or pain/discomfort throughout the shop.

JOB REQUIREMENTS AND PHYSICAL DEMANDS SURVEY SUMMARY REPORT

ERPA Status:	<i>EPRA</i>	Priority Ranking:	<i>5</i>	Date:	<i>2 Sep 98</i>
Date:	<i>2 September 1998</i>	Workplace Identifier:	<i>0097-BACO-1606A</i>	Base:	<i>Kirtland AFB</i>
Organization:	<i>DeCA/MW-KIR</i>	Workplace:	<i>Cashiers/Front End</i>	Bldg./Location:	<i>20180</i>
Room/Area	<i>NA</i>	AFSC:		Civilian Job Series:	<i>GS-2091</i>
Shop Supervisor:	<i>Jeanette Craig</i>	Duty Phone:	<i>6-9586</i>	Office Symbol:	<i>XOC</i>

Step 1	Step 2	Step 3
Write in the Risk Factor Rating for Part I, (questions 1-38, Scoring Sheet pg.1)	Write in the Discomfort Rating for Part II, (questions 46-60, Scoring Sheet pg.3)	Look at the "Ranking Matrix" below and enter the Priority Score in it's corresponding box.
A.1 <i>Medium</i>	D.1 <i>Medium</i>	Shoulder/Neck = <input style="width: 50px; text-align: center;" type="text" value="5"/>
A.2 <i>Medium</i>	D.2 <i>Medium</i>	Hands/Wrist/Arms = <input style="width: 50px; text-align: center;" type="text" value="5"/>
A.3 <i>Medium</i>	D.3 <i>Low</i>	Back/Torso = <input style="width: 50px; text-align: center;" type="text" value="2"/>
A.4 <i>Low</i>	D.4 <i>Low</i>	Legs/Feet = <input style="width: 50px; text-align: center;" type="text" value="1"/>
A.5 <i>Medium</i>	D.5 <i>Low</i>	Head/Eye = <input style="width: 50px; text-align: center;" type="text" value="2"/>

	Discomfort High	Discomfort Medium	Discomfort Low
Ranking Matrix	Ranking Matrix for Priority Score		
Risk Factor High	9	7	4
Risk Factor Medium	8	5	2
Risk Factor Low	6	3	1

Select the **HIGHEST** score for any body part from Step 3 and enter →

Survey Priority Rank:	<input style="width: 80%; text-align: center;" type="text" value="5"/>
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JOB REQUIREMENTS AND PHYSICAL DEMANDS SURVEY SUMMARY REPORT

Step 4			
B. Enter Organizational Rating: (Questions 39-44, Scoring Sheet pg. 2)	<input style="width: 100%;" type="text" value="10"/>	Comments:	<i>None</i>
Step 5			
C. Enter Physical Effect Factor Score: (Question 45, Scoring Sheet pg.2)	<input style="width: 100%;" type="text" value="12"/>	Comments:	<i>None</i>
Step 6			
E. Enter the score for each of the General Questions: (Questions 61-65, Scoring Sheet pg. 4)			
E.1 Health Care Provider Score	<input style="width: 100%;" type="text" value="2"/> %	Comments:	
E.2 Recovery Time Score	<input style="width: 100%;" type="text" value="20"/> %	Comments:	
E.3 Activity Interruption Score	<input style="width: 100%;" type="text" value="7"/> %	Comments:	
E.4 Previous Diagnosis Score	<input style="width: 100%;" type="text" value="13"/> %	Comments:	
E.5 Contributing Factors Score	<input style="width: 100%;" type="text" value="13"/> %	Comments:	
Step 7			
F. List below each of the routine types of work which had shop percentage scores over 20%. (Items 66-122, scoring sheet page 5)			
Type of Work	%	Type of Work	%
<i>Calling (telephone use)</i>	<u>40</u>	_____	_____
<i>Lifting</i>	<u>73</u>	_____	_____
<i>Monitoring Visual Display</i>	<u>33</u>	_____	_____
<i>Scanning (use bar-code reader)</i>	<u>80</u>	_____	_____
<i>Typing/Keying</i>	<u>53</u>	_____	_____
_____	_____	_____	_____

JOB REQUIREMENTS AND PHYSICAL DEMANDS SURVEY SUMMARY REPORT

Step 8	
Review Part IV (Questions 1-3) to identify tasks, tools, equipment, etc., that employees listed as potential concerns. Comment as appropriate.	Comments: <i>Standing all day is hard on the body. Large bags of pet food and water jugs are difficult to lift in order to scan. Cash drawer is too low and work area is confined.</i>
Review Part IV (Question 4) to identify potential improvement opportunities. Comment as appropriate.	Comments: <i>Gun scanner for heavy merchandise so one doesn't have to lift items to the conveyor. A stool for each register or something to minimize prolonged standing.</i>
Step 9	
Injury/Illness Data: Review the injury/illness history from this shop. Attach information and comment as appropriate.	Comments:

Step 10 Conclusions / Recommendations Summary	
<p style="margin: 0;">Shop Status</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0; width: fit-content;"> <i>EPRA</i> </div>	<p style="margin: 0;">Recommendations for follow-up:</p> <p style="margin: 10px 0 0 20px;"><i>Level I Assessment</i></p>

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AF Form 190

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AF Form 190

Attached is a completed AF Form 190. Table B describes parts of the report that may be particularly helpful.

Table B
AF Form 190 - Items to Include in Pre-Shop Visit Review

Selected Items/Information	What it Tells You
Items 6 and 10. Work Location and Occupation (Job Title/AFSC)	This information may help you pin point the possible job or workstation source of reported potential ergonomics problems.
Item 25. Describe Job Tasks that Resulted in Exposure to Hazardous Materials/Agents (Specify the material/agent).	The more specific the information, the more helpful it will be to prepare for your assessment. Ideally, the description will provide, not only information on the physical movements that may be the source of stress (e.g., radial, ulnar deviation), but information on a specific job or series of tasks in which those movements occur. It is the task-specific information which will help you decide where to begin the Level I Assessment.
Item 12. Diagnosis and Relevant Medical Data.	This description will help you focus your assessment. In other words, while you will be completing the Level I Ergonomics Assessment Checklist in order to assess exposure for all of the body regions, knowing in advance that the person is suffering from a lateral epicondylitis (elbow) may make you more sensitive to risk factors for that body region.
Step 31. Bioenvironmental Survey.	One of the primary purposes of the Level I Ergonomics Assessment and Problem-Solving Guide for Warehouse, Materials Handling, and Assembly Work Areas is to provide you with the tools to supplement your own ergonomics expertise and enable you to complete this section.

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Copy of completed AF Form 190

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