

APPENDIX B

**Job Requirements and Physical Demands
Survey**

Administration Script

(WELCOME AND INTRODUCTION)

Welcome and thank you for taking the time to complete this occupational health survey. The survey will assess your job requirements and physical demands.

The purpose of the Survey is to enable the Air Force to better understand and identify opportunities for improving work in shops throughout the base.

After you complete the Survey, we will:

- analyze the results for the entire shop;
- determine a Priority Score for the shop;
- provide information to the Ergonomics Working Group.

We will then decide on priorities for follow-up and shop improvement.

This is an anonymous Survey. You will notice that we do not ask you to provide your name and there is no coding system. The Survey is also voluntary; you are not required to take the Survey; however, your participation is appreciated.

We are using the Survey to get an overall assessment of the experiences in your shop as a whole.

We are not looking at each person and your individual responses.

However, if you wish to request a follow-up visit by Public Health, you may do so.

(OVERVIEW OF THE SURVEY)

The Survey is divided into a cover page and four parts.

I will give you a quick overview of each section so follow along with me as I go through the form.

The Cover Page asks for general information about yourself. Please fill out all of the information on this page with the exception of the “workplace identifier” section.

Turn to Page 2.

Part I is called “Job Factors.”

For this section, please provide a response to all questions.

This section allows you to describe certain job factors related to your work that occur on an approximately daily basis.

In Part III of the Survey, you will have a chance to tell us about the work that you do less often, like seasonal work.

Turn to Page 7.

Part II is called “Your Body’s Response to Work Demands.”

This section enables you to describe how your body has reacted in the past to physical job demands.

For example, describing whether you are comfortable or experience fatigue or discomfort, is one of the purposes of this part of the survey.

Again, we will making conclusions about the entire shop based on how all of you respond to the Survey questions.

We do not intend to focus on any one individual.

Turn to Page 9.

Part III is called “Work Content.”

This section allows you to list the tasks you perform in your work and how often you do them.

You will be able to tell us which types of tasks you do and approximately how often you do the tasks over a given period of time.

We will use this information to determine:

- what the typical/routine tasks are for your shop; and
- the variety of tasks that are done by your shop, even if they are not done very often.

Turn to page 11.

Part IV is called “Process Improvement Opportunities.”

The purpose of this section is to identify the tasks that you think place the greatest demands on your body.

For this section consider your routine, non-routine, and seasonal tasks and describe the tasks that you think are a problem.

We will need to know this information in order to help the Ergonomics Working Group decide which tasks may be good candidates for improvement.

(START THE SURVEY PROCESS)

Turn back to Page 1 and begin.

We expect that it will take you about 30 minutes to complete the Survey.

When you are finished with the entire survey, please turn it in to me.

Thank you again for your participation.

(END OF INSTRUCTIONS)