

Department of Defense Job Requirements and Physical Demands Survey

GENERAL INSTRUCTIONS

- The survey will take approximately 45 minutes to complete.
- Answer all questions to the best of your abilities.
- Please hand in all forms when completed.

MARKING INSTRUCTIONS

- Use only a No. 2 pencil or a pen with blue or black ink.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the response area completely.
- Make no stray marks on this form.

CORRECT: 

INCORRECT: 

Background Information

1. Workplace Identifier

Do not mark unless instructed.

O	O	O	O
O	O	O	O
A	A	A	A
B	B	B	B
C	C	C	C
D	D	D	D
E	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z
●	●	●	●
①	①	①	①
②	②	②	②
③	③	③	③
④	④	④	④
⑤	⑤	⑤	⑤
⑥	⑥	⑥	⑥
⑦	⑦	⑦	⑦
⑧	⑧	⑧	⑧
⑨	⑨	⑨	⑨

2. Date

MONTH	DAY	YEAR
0 4	2 6	1 9 9 9
● ①	① ①	① ① ①
① ①	① ①	① ① ①
② ②	② ②	② ② ②
③ ③	③ ③	③ ③ ③
● ④	④ ④	④ ④ ④
⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤
⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥
⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦
⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧
⑨ ⑨	⑨ ⑨	● ● ●

3. Age

<input type="checkbox"/> Under 21
<input type="checkbox"/> 21-25
<input type="checkbox"/> 26-30
<input type="checkbox"/> 31-35
<input checked="" type="checkbox"/> 36-40
<input type="checkbox"/> 41-45
<input type="checkbox"/> 46-50
<input type="checkbox"/> 51-55
<input type="checkbox"/> 56-60
<input type="checkbox"/> 60-65
<input type="checkbox"/> over 65

4. Gender

- Female
 Male

5. Length of time at this base?

- Under 1 Year
- 1-5 Years
- 6-10 Years
- 11-15 Years
- 16-20 Years
- Over 20 Years

6. Length of time at current job?

- Under 1 Year
- 1-5 Years
- 6-10 Years
- 11-15 Years
- 16-20 Years
- Over 20 Years

7. Have you completed this questionnaire before?

- Yes
 No

8. Department of Defense Component

- | | |
|---|---|
| <input checked="" type="checkbox"/> Air Force
<input type="checkbox"/> Army
<input type="checkbox"/> Navy
<input type="checkbox"/> Marines

<input type="checkbox"/> Other DOD Component | <input type="checkbox"/> Army & Air Force Exchange Agency
<input type="checkbox"/> Defense Commissary Agency
<input type="checkbox"/> Defense Logistics Agency
<input type="checkbox"/> National Security Agency |
|---|---|

9. Service Component

- | | |
|---|---|
| <input type="checkbox"/> Civilian Employee
<input checked="" type="checkbox"/> Contractor
<input type="checkbox"/> Foreign National | Military Only:
<input type="checkbox"/> Guard
<input type="checkbox"/> Regular
<input type="checkbox"/> Reserve |
|---|---|

PLEASE DO NOT WRITE IN THIS AREA



19183

A. Description of Work

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

Shoulder / Neck

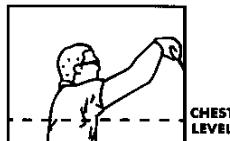


Figure A

1. I work with my hands at or above chest level. (Figure A) . . .
2. To get to or to do my work, I must lay on my back or side and work with my arms up . . .
3. I must hold or carry materials (or large stacks of files) during the course of my work . . .
4. I force or yank components or work objects in order to complete a task . . .

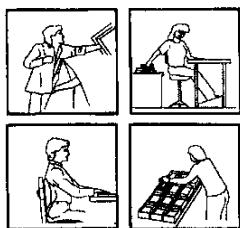


Figure B

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) . . .
6. My neck is tipped forward or backward when I work. (Figure C) . . .

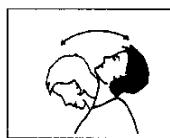


Figure C

7. I cradle a phone or other device between my neck and shoulder. (Figure D) . . .



Figure D

	NEVER	0-2 HOURS	2-4 HOURS	4-8 HOURS
1. I work with my hands at or above chest level. (Figure A) . . .	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input 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"/>
3. I must hold or carry materials (or large stacks of files) during the course of my work . . .	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
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"/>

A. Description of Work (continued)

Hand / Wrist / Arm

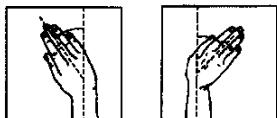


Figure E



Figure F

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., screwdriver, spray gun, mouse) in my hand for longer than 10 seconds at a time.
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 work surface (e.g., desk, bench, etc.) or tool(s) that I use presses into my palm(s), wrists(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 arm(s)
17. My work requires that I repeatedly throw or toss items.
18. My work requires that I twist my forearms, such as when turning a screwdriver
19. I wear gloves that are bulky or that 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

	NEVER	0-2 HOURS	2-4 HOURS	4-8 HOURS
8. My wrists are bent (up, down, to the thumb or little finger side) while I work. (Figure E)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I apply pressure or hold an item/material/tool (e.g., screwdriver, spray gun, mouse) in my hand for longer than 10 seconds at a time.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My work requires me to use my hands in a way that is similar to wringing out clothes. (Figure F)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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.)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The work surface (e.g., desk, bench, etc.) or tool(s) that I use presses into my palm(s), wrists(s) or against the sides of my fingers leaving red marks on or beneath the skin.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I use my hand/palm like a hammer to do certain aspects of my work	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. My hands and fingers are cold when I work	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I work at a fast pace to keep up with a machine production quota or performance incentive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
16. The tool(s) that I use vibrates and/or jerks my hand(s) and arm(s)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. My work requires that I repeatedly throw or toss items.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
18. My work requires that I twist my forearms, such as when turning a screwdriver	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
19. I wear gloves that are bulky or that reduce my ability to grip	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I squeeze or pinch work objects with a force similar to that which is required to open a lid on a new jar	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I grip work objects or tools as if I am gripping tightly onto a pencil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

A. Description of Work (continued)

Back / Torso

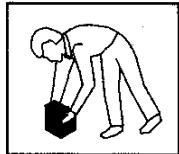


Figure G

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

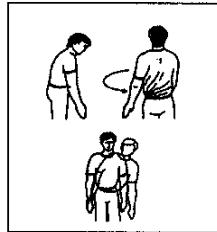


Figure H

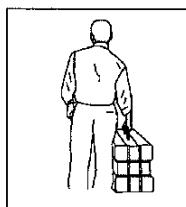


Figure I

A. Description of Work (continued)

Legs / Feet



Figure J

31. My work requires that I kneel or squat. (Figure J)

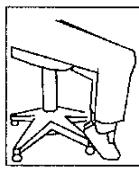


Figure K

32. I must constantly move or apply pressure with one or both feet (e.g. using foot pedals, driving, etc.)

33. When I'm sitting, I cannot rest both feet flat on the floor. (Figure K)

34. I stand on hard surfaces

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

Head / Eyes

35. I can see glare on my computer screen or work surface

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.

37. I must look at the monitor screen constantly so that I do not miss important information (radar scope)

38. It is difficult to see what I am working with (monitor, paper, parts, etc.)

	NEVER	0-2 HOURS	2-4 HOURS	4-8 HOURS
35. I can see glare on my computer screen or work surface	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. I must look at the monitor screen constantly so that I do not miss important information (radar scope)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. It is difficult to see what I am working with (monitor, paper, parts, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Organizational Factors

This section asks you to describe organizational factors present in your current work environment.

39. I often feel unclear as to what the scope and responsibilities of my job are.
40. I often feel that I have too heavy of a workload, one that I could not possibly finish during an ordinary workday
41. I often feel that I will not be able to satisfy the conflicting demands of various people around me.
42. I often find myself unable to get information needed to carry out my job.
43. I often do not know what my supervisor thinks of me ,or how he/she evaluates my performance.
44. I often think that the amount of work I have to do interferes with how well it is done.

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
39.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

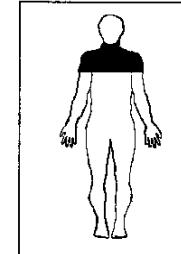
C. Physical Effort

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

1 No exertion at all	2 Extremely light	3	4 Very light	5	6 Light	7	8 Somewhat hard	9	10 Hard	11	12 Very hard	13	14 Extremely hard	15 Maximal exertion
<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"/>							

D. Discomfort Factors

This section enables you to identify how your body responds to the demands of your job.



For Shoulder/Neck

46. In the past 12 months have you experienced any discomfort, fatigue, numbness, or pain that relates to your job?

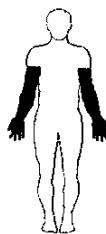
No Yes

How often do you experience discomfort, fatigue, numbness, or pain in your shoulder/neck region?
Mark only one.

- Daily
- Weekly
- Monthly

On average, how severe is the discomfort, fatigue, numbness, or pain in your shoulder/neck region?
Mark only one.

- Mild
- Moderate
- Severe



For Hand/Wrist/Arm

47. In the past 12 months have you experienced any discomfort, fatigue, numbness, or pain that relates to your job?

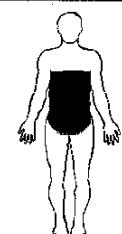
No Yes

How often do you experience discomfort, fatigue, numbness, or pain in your hands/wrist/arm region?
Mark only one.

- Daily
- Weekly
- Monthly

On average, how severe is the discomfort, fatigue, numbness, or pain in your hands/wrist/arm region?
Mark only one.

- Mild
- Moderate
- Severe



For Back/Torso

48. In the past 12 months have you experienced any discomfort, fatigue, numbness, or pain that relates to your job?

No Yes

How often do you experience discomfort, fatigue, numbness, or pain in your back/torso region?
Mark only one.

- Daily
- Weekly
- Monthly

On average, how severe is the discomfort, fatigue, numbness, or pain in your back/torso region?
Mark only one.

- Mild
- Moderate
- Severe



For Legs/Feet

49. In the past 12 months have you experienced any discomfort, fatigue, numbness, or pain that relates to your job?

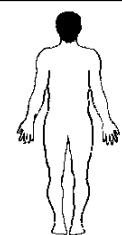
No Yes

How often do you experience discomfort, fatigue, numbness, or pain in your legs/feet region?
Mark only one.

- Daily
- Weekly
- Monthly

On average, how severe is the discomfort, fatigue, numbness, or pain in your legs/feet region?
Mark only one.

- Mild
- Moderate
- Severe



For Head/Eyes

50. In the past 12 months have you experienced any discomfort, fatigue, numbness, or pain that relates to your job?

No Yes

How often do you experience discomfort, fatigue, numbness, or pain in your head/eyes region?
Mark only one.

- Daily
- Weekly
- Monthly

On average, how severe is the discomfort, fatigue, numbness, or pain in your head/eyes region?
Mark only one.

- Mild
- Moderate
- Severe

E. General Questions

51. 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

52. 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

53. 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

54. 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	Ganglion Cyst	Trigger Finger
Epicondylitis (Tennis Elbow)	Bursitis	Carpal Tunnel Syndrome
Thoracic Outlet Syndrome	Back Strain	Knee or Ankle Strain
Overuse Syndrome		

55. Do you have or have you ever had one or more of the following conditions? Yes No

Wrist Fracture	Hypertension	Kidney Disorders
Thyroid Disorder	Diabetes	Gout
Rheumatoid Arthritis		

F. Work Content

The section below enables you to describe the content of the work that you do in your current job.
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: You do not perform this type of work.

	ROUTINE	NON-ROUTINE	SEASONAL	NEVER	ROUTINE	NON-ROUTINE	SEASONAL	NEVER
56. Abrading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	85. Monitoring (visual displays)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. Baking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	86. Mousing (for computer work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. Bolting/screwing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	87. Nailing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. Calling (telephone use)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	88. Opening/closing heavy doors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. Chipping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	89. Packing/packaging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. Cleaning by hand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	90. Painting/spray painting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. Cleaning with high pressure equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	91. Paving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. Coating/immersing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	92. Pumping (by hand)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. Cooking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	93. Riveting/bucking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. Copying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	94. Sanding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. Crimping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	95. Sawing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. Cutting/shearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	96. Scanning (using bar code readers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. Drafting/CAD system use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	97. Sewing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. Drilling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	98. Soldering/brazing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. Driving (vehicles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	99. Stapling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. Excavating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	100. Stripping/depainting by hand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. Filing/general administrative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	101. Stripping/depainting mechanically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. Flame cutting/arc cutting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	102. Transporting loads on non-powered carts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. Folding/fitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	103. Turning valves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. Gluing/laminating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	104. Tying/twisting/wrapping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. Grinding/buffing/polishing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	105. Typing/keying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. Hammering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	106. Welding	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
78. Lifting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	107. Wheeling loads	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
79. Loading (pallets, trucks, carts, aircraft)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	108. Wiring	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
80. Lubricating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	109. Wrenching/ratcheting	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
81. Machining	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	110. Writing/illustrating	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
82. Masoning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Please write in others here: 111. _____ 112. _____	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
83. Melting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
84. Molding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

G. 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.

113. Which tasks are the most awkward or require you to work in the most uncomfortable position?

Have to sit on side

114. Which tasks take the most effort?

All task are light

115. Are there any tools or pieces of equipment that are notoriously hard to work with? (If possible, provide manufacturer and model)

None

116. If you could make any suggestions that would help you do your job more easily or faster or better, what would you suggest?

None

PLEASE DO NOT WRITE IN THIS AREA



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