



## FUNCTIONAL JOB ANALYSIS QUESTIONNAIRE

*Thank you for choosing Spartanburg Regional Healthcare System for your healthcare needs.*

**Job Title:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Worker / Supervisor Name:** \_\_\_\_\_

The following questions are designed to assist in identifying the physical abilities necessary to perform the above job. Your input is important for accurate information. Please respond by \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ and return by fax at (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ or with the addressed envelope attached.

**How long have you performed this job?** \_\_\_\_\_

**How many hours do you work per shift?** \_\_\_\_\_ **How many shifts per week?** \_\_\_\_\_

**Meal Break:** \_\_\_\_\_ **Other Break(s):** \_\_\_\_\_

**Time Indoors:** \_\_\_\_\_ % **Time Outdoors:** \_\_\_\_\_ %

**Work Pacing:**     Machine-Paced     Self-Paced     Job Rotation

Action	Applies to my job?	How long at one time?	< ½ Hour Daily Total	½ - 2 Hours Daily Total	2 - 5 Hours Daily Total	> 5 Hours Daily Total
Sitting	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Standing	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Walking	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Lifting	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Carrying	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Push/Pulling	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Bending while Standing	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Bending while Sitting	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Rotation	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Low Work (Crouch/Kneel)	<input type="checkbox"/> Yes <input type="checkbox"/> No					

Action	Applies to my job?	How long at one time?	< ½ Hour Daily Total	½ - 2 Hours Daily Total	2 - 5 Hours Daily Total	> 5 Hours Daily Total
Crawling	[ ] Yes [ ] No					
Climbing (Stairs)	[ ] Yes [ ] No					
Climbing (Ladders)	[ ] Yes [ ] No					

Totals above add up to no more than roughly 8-10 hours per day. [ ] Yes [ ] No

What is the heaviest thing you lift? \_\_\_\_\_ How heavy is it? \_\_\_\_\_  
 What do you lift most frequently? \_\_\_\_\_ How heavy is it? \_\_\_\_\_  
 What is the heaviest thing you carry? \_\_\_\_\_ How heavy is it? \_\_\_\_\_  
 What do you carry farthest during the day? \_\_\_\_\_ How heavy is it? \_\_\_\_\_  
 What do you carry most often? \_\_\_\_\_ How heavy is it? \_\_\_\_\_  
 What is the most difficult thing you push/pull? \_\_\_\_\_  
 What do you push/pull most often? \_\_\_\_\_

Action	Applies to my job?	How long at one time?	< ½ Hour Daily Total	½ - 2 Hours Daily Total	2 - 5 Hours Daily Total	> 5 Hours Daily Total
Reaching	[ ] Yes [ ] No					
Using Hands for Light Work / Coordination	[ ] Yes [ ] No					
Gripping	[ ] Yes [ ] No					
Pinching	[ ] Yes [ ] No					

**Clothing:** [ ] Protective Coveralls [ ] Street Clothes [ ] Uniform

**Environment:** [ ] Chemicals [ ] Cold [ ] Confined Spaces [ ] Heat [ ] Noise [ ] Uneven Surfaces  
 [ ] Vibration [ ] Wet/Humid [ ] Work at Heights

**Personal Protective Equipment:** [ ] Breathing Protection [ ] Bump Cap/Hard Hat [ ] Eye Protection  
 [ ] Face Shield [ ] Fall Protection [ ] Gloves [ ] Hearing Protection [ ] Slip-Resistant Footwear  
 [ ] Steel-Toed Footwear