



**Job Description: Work Environment**

**Job Title:** Inpatient Pharmacist

**Department:** Retail Specialty Pharmacy (7039)

|   |        |
|---|--------|
| <b>Functional Demands Overall Rating:</b> | Medium |
|---|--------|

**Activity Level Throughout the Day (*Occasional / Frequent / Continuous*)**

|  |            |
|--|------------|
| <b>Sitting</b>                           | Occasional |
| <b>Standing</b>                          | Frequent   |
| <b>Walking</b>                           | Frequent   |
| <b>Climbing</b>                          | NA         |
| <b>Lifting (Floor to Waist level)</b>    | 50 10 0    |
| <b>Lifting (Waist Level &amp; Above)</b> | 0 0 0      |
| <b>Push/Pull</b>                         | Occasional |
| <b>Twisting</b>                          | Frequent   |
| <b>Bending</b>                           | Frequent   |
| <b>Reaching Forward</b>                  | Frequent   |
| <b>Reaching Overhead</b>                 | Occasional |
| <b>Squat/Kneel/Crawl</b>                 | Occasional |
| <b>Wrist Position Deviation</b>          | Continuous |
| <b>Pinching/Fine Motor Activities</b>    | Continuous |
| <b>Keyboard Use/Repetitive Motion</b>    | Continuous |
| <b>Talk or Hear</b>                      |            |

**Sensory Requirements**

|                             |          |
|-----------------------------|----------|
| <b>Near Vision</b>          | Accurate |
| <b>Far Vision</b>           | Accurate |
| <b>Color Discrimination</b> | Yes      |
| <b>Depth Perception</b>     | Minimal  |
| <b>Hearing</b>              | Accurate |

**Occupational Exposure Potential**

|                                       |                 |
|---------------------------------------|-----------------|
| <b>Bloodborne Pathogens</b>           | Anticipated     |
| <b>Chemical</b>                       | Anticipated     |
| <b>Airborne Communicable Diseases</b> | Anticipated     |
| <b>Extreme Temperatures</b>           | Not Anticipated |
| <b>Radiation</b>                      | Anticipated     |
| <b>Uneven Surfaces / Elevations</b>   | Not Anticipated |
| <b>Extreme Noise Levels</b>           | Not Anticipated |
| <b>Dust / Particular Matter</b>       | Not Anticipated |