

Job Title: Staff Nurse
 Position Code:
 Department#:

Department: Infusion
 Date Created: 7-15-20
 Last Updated: 7-15-20

Functional Demands Rating: <i>(Please see Rating Key on Pg.4)</i>		MANUAL HANDLING: Lifting: Medium Push/Pull: Heavy Repetitive Work: Light/Frequent		
Very-Light-Sedentary/ Light/ Medium/ Heavy/ Very Heavy				
Activity Level Throughout Workday				
Physical Activity Requirements	Occasional (0-35% of day)	Frequent (36-66% of day)	Continuous (67-100% of day)	Not Applicable
Sitting	X			
Standing		X		
Walking		X		
Climbing				X
Lifting (Within floor to waist level)	50 lbs			
Lifting (Within Waist to Below Shoulder Level)	50 lbs			
Lifting (Within Shoulder Level and Above)		8 lbs		
Carrying objects				X
Push/Pull	85 lbs	60 lbs		
Bending Neutral 0 to 20 degrees Moderate 20 to 60 degrees Extreme 60 degrees or more	Extreme Bending	Moderate Bending	Neutral to Mild	
Reaching Forward			X	
Reaching Overhead		X		
Reaching Below Knee to Ground Level	X			
Squat/Kneel/Crawl	X			
Wrist Position Deviation		X		
Pinching/Fine Motor Activities		X		
Repetitive Motion		X		
Use of Both Hands			X	
Eye Hand Coordination			X	
Taste				X
Talk			X	
Smell	X			
Driving				X

Sensory Requirements				
	Accurate 20/40	Very Accurate 20/20	Not Applicable	
Near Vision		X		
Far Vision	X			
	Minimal	Moderate	Accurate	Not Applicable
Color Discrimination			X	
Depth Perception			X	
Hearing			X	

Occupational Exposure Risk Potential		
	Reasonably Anticipated	Not Anticipated
Bloodborne/other biologic pathogens	X	
Chemical	X	
Airborne/aerosolized diseases	X	
Extreme temperatures		X
Radioactive materials	X	
Uneven surfaces or elevations		X
Extreme noise levels	X	
Dust/particulate matter	X	
Other (List)	Disinfectant Fumes	-
Usual workday hours	X	

FUNCTIONAL DEMANDS KEY

Label	Description
Very-Light-Sedentary	Lift/Carry - Occasional 0# to 15#, Frequent 0# to 10#; Push/Pull - 0# to 5# force
Light	Lift/Carry - Occasional 16# to 30#, Frequent 11# to 20#; Push/Pull - 6# to 15# force; Lateral transfer - 0# to 20# (e.g. assist with patient equipment during patient transfer)
Medium	Lift/Carry - Occasional 31# to 50#, Frequent 21# to 30#; Push/Pull - 16# to 25# force (e.g. 250# patient in wheelchair, or same patient in bed; multiple assist patient; empty bed or cart); Lateral Transfer - 21# to 50# (e.g. transfer of patient in bed; multiple assist)
Heavy	Lift/Carry - Occasional 51# to 80#, Frequent 31# to 50#; Push/Pull - 26# to 35# force (e.g. 275# patient in wheelchair, or same patient in bed; multiple assist); Lateral Transfer - 51# to 90# (e.g. transfer of patient in bed, multiple assist)
Very Heavy	Lift/Carry - Occasional 81# and above, Frequent 51# and above; Push/Pull - 36# and above force (e.g. 300# patient in wheelchair, or same patient in bed; multiple assist); Lateral Transfer - 91# and above (e.g. transfer of maximum mobility assist patient in bed, multiple assist)

