

ESSENTIAL FUNCTION ANALYSIS



EASTERN
WASHINGTON UNIVERSITY

POSITION

1. Department, Division or Section: _____

2. Position Title: _____ Position Number: _____

3. Location of Employment Address/City: _____ Building/Room: _____

4. Supervisor's Name/Title: _____ Building/Room: _____ Work Phone: _____

5. Position Work Schedule: _____ 6. Months Per Year: _____ Percent of Time: _____

DESCRIPTION OF DUTIES

7a. Attach position description (divided into clusters if appropriate) with the percentage of time spent performing each cluster or individual duty.

7b. Essential functions are by definition those tasks and responsibilities that the individual who holds the job would have to perform, with or without reasonable accommodation, in order to be considered qualified for the position. They must be job-related and consistent with business necessity.

Put an "E" by those duties which are essential job functions using the following questions as a guide:

- Does the position exist to perform this job function?
- What is the employer's judgment regarding which functions or job requirements are essential?
- Would the position be fundamentally different if this function or job requirement was altered?
- Is the number of employees to whom this function or job requirement could be given limited?
- Is this a highly specialized function or job requirement?
- What would be the consequences if this function or job requirement was not included?
- Is there a current incumbent in this position who performs this function or meets the job requirements?
- Did the past incumbent of this position perform this function or meet the job requirements?
- Are the essential functions of this job linked to a specific location?

8. Supervision required over this position (while performing duties listed under item 7).

Close and detailed Little (employee responsible for devising own work methods)

On a spot-check basis only Other: _____

Explain item checked:

IMPORTANT: Please complete the following items based on an evaluation of the position.

Check the appropriate box for each of the following items which most accurately describes the extent of the specific activity performed by this employee on a daily basis.

Note: In terms of an 8-hour workday, "occasionally" equals 1-33%, "frequently" equals 34-66% and "continuously" equals 67-100%.

PHYSICAL REQUIREMENTS*

*Must relate to the performance of tasks and responsibilities. Must be job related and consistent with business necessity.

PHYSICAL EFFORT									
	Never	Occasional	Frequently	Continuously		Never	Occasional	Frequently	Continuously
1. Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. 10 lbs or less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. 11-25 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Bending over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. 26-50 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. 51-75 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. 76-100 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Reaching overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. More than 100 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Crouching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. 10 lbs or less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. 11-25 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Pushing or pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. 26-50 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. 51-75 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Repetitive use of hands/arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. 76-100 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Repetitive use of legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. More than 100 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Hand/eye coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					19. Fine manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MENTAL REQUIREMENTS*

*Must relate to the performance of tasks and responsibilities. Must be job related and consistent with business necessity.

MENTAL EFFORT									
	Never	Occasional	Frequently	Continuously		Never	Occasional	Frequently	Continuously
1. Thinking analytically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Remembering details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Using effective verbal communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Handling stress and emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Adjusting to changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Concentrating on tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Examining/observing details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Remembering names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Differentiating colors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERFORMANCE REQUIREMENTS*

*Must relate to the performance of tasks and responsibilities. Must be job related and consistent with business necessity.

PERFORMANCE EFFORT									
	Never	Occasional	Frequently	Continuously		Never	Occasional	Frequently	Continuously
1. Maintain stamina during workday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Working at various temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Staying organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Operating equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Meeting deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Directing others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Attending work-related meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Using math/calculations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Working effectively with coworkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Keyboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other information that would be helpful in understanding the physical, mental and performance requirements of the position:

PERSONAL PROTECTION EQUIPMENT (PPE) HAZARD ASSESSMENT

This section addresses eye, face, head, hand, foot, torso, respiratory, noise and fall protection that is necessary for the position. Check the appropriate box of each section to indicate what someone in this position will be exposed to, then list the required personal protective equipment that will be necessary to wear for this position.

Use a separate sheet for each job/task or work area that is different than your normal work area.

Example: Using a jack hammer outside vs. inside, doing electrical work at height on a lift, confined space work, etc.

EYES

Work activities, such as:

- Abrasive blasting
- Chopping
- Cutting
- Drilling
- Welding
- Soldering
- Torch brazing
- Working outdoors
- Punch press operations
- Sanding
- Sawing
- Grinding
- Hammering
- Chipping
- Other: _____

Work-related exposure to:

- Airborne dust
- Dirt
- UV light
- Flying particles/objects
- Human blood, fluids, tissues
- Hazardous liquid chemicals mists
- Chemical splashes
- Molten metal splashes
- Glare/high intensity lights
- Laser operations
- Intense light
- Hot sparks
- Other: _____

PPE required:

Notes:

FACE

Work activities, such as:

- Cleaning
- Cooking
- Siphoning
- Painting
- Dip tank operations
- Pouring
- Foundry work
- Welding
- Mixing
- Pouring molten metal
- Working outdoors
- Other: _____

Work-related exposure to:

- Hazardous liquid chemicals
(corrosive /toxic)
- Extreme heat
- Extreme cold
- High voltage
- Potential irritants
- Other: _____

PPE required:

Notes:

HEAD

Work activities, such as:

- Building maintenance
- Confined space operations
- Construction
- Electrical wiring
- Walking/working under catwalks
- Walking/working on catwalks
- Walking/working under conveyor belts
- Working with/around conveyor belts
- Walking/working under crane loads
- Utility work
- Tunnel/confined space work
- Other: _____

Work-related exposure to:

- Beams
- Pipes
- Exposed electrical wiring or components
- Falling objects
- Fixed object
- Machine parts
- High voltage
- Other: _____

PPE required:

Notes:

HANDS/ARMS

Work activities, such as:

- Baking
- Cooking
- Grinding
- Welding
- Working with glass
- Using knives
- Dental and health care services
- Garbage disposal
- Mopping, sweeping
- Material handling
- Sanding
- Sawing
- Hammering
- Using power tools
- Working outdoors
- Other: _____

Work-related exposure to:

- Human blood, fluids, tissues
- Irritating chemicals
- Tools or materials that could scrape, bruise, or cut
- Extreme heat
- High voltage
- Extreme cold
- Animal bites
- Electric shock
- Vibration
- Repetitive motion
- Sharps injury
- Other: _____

PPE required:

Notes:

FEET/LEGS

Work activities, such as:

- Building maintenance
- Construction
- Demolition
- Food processing
- Foundry work
- Working outdoors
- Logging
- Plumbing
- Trenching
- Use of highly flammable materials
- Use of corrosive materials
- Welding
- Other: _____

Work-related exposure to:

- Explosive atmospheres
- High voltage
- Exposed electrical wiring or components
- Heavy equipment
- Impact from objects
- Pinch points
- Crushing
- Slippery/wet surface
- Sharps injury
- Human blood, fluids, tissues
- Chemical splash
- Chemical penetration
- Extreme heat/cold
- Fall
- Kneeling
- Other: _____

PPE required:

Notes:

BODY/SKIN

Work activities, such as:

- Baking or frying
- Battery charging
- Dip tank operations
- Fiberglass installation
- Asbestos/lead work
- Sawing
- Other: _____

Work-related exposure to:

- Chemical splashes
- Extreme heat
- Extreme cold
- Sharp or rough edges
- Irritating chemicals
- Human blood, fluids, tissues
- Toxic or corrosive chemicals
- Other: _____

PPE required:

Notes:

WHOLE BODY

Work activities, such as:

- Building maintenance activities
- Construction
- Working outdoors
- Utility work
- High voltage
- Toxic or corrosive chemicals
- Other: _____

Work-related exposure to:

- Working from heights of 10 feet or more
- Impact from flying objects
- Impact from moving vehicles
- Sharps injury
- Human blood, fluids, tissues
- Electrical/static discharge
- Hot metal
- Sparks
- Chemicals
- Extreme heat/cold
- Elevated walking/working surface
- Working near water
- Slip/trip/fall
- Other: _____

PPE required:

Notes:

LUNGS/RESPIRATORY

Work activities, such as:

- Cleaning
- Mixing
- Painting
- Fiberglass installation
- Compressed air or gas operations
- Confined space work
- Floor installation
- Ceiling repair
- Working outdoors
- Pouring
- Sawing
- Grinding
- Lead exposure
- Other: _____

Work-related exposure to:

- Dust or particulate
- Potential for asbestos exposure
- Toxic gas/vapor
- Chemical irritants
- Toxic or corrosive chemicals
- Welding fume
- Pesticides
- Organic vapors
- Oxygen deficient environment
- Paint spray
- Extreme heat/cold
- Other: _____

PPE required:

Notes:

EARS/HEARING

Work activities, such as:

- Generator
- Ventilation fans
- Motors
- Band/symphony/jazz
- Pneumatic equipment
- Punch or brake presses
- Use of conveyors
- Grinding/sanding
- Machining
- Routers/sawing
- Coaching
- Sparks
- Other: _____

Work-related exposure to:

- Loud noises
- Loud work environment
- Noisy machines/tools
- Punch or brake presses
- Welding
- Musical drums
- Brass musical instruments
- Loud crowd noise
- Other: _____

PPE required:

Notes:

TOOLS AND EQUIPMENT*

*Used in performance of tasks and responsibilities.
Must be job related and consistent with business necessity.

Check applicable box: All items listed in the job description (*attach copy of job description to form*)
 All items listed below

Office equipment: Computer/keyboard/mouse Printer Copy/fax machine Telephone

List machines, tools, equipment, and motor vehicles used in the performance of the duties:

Examples: "Operate forklift up to 4000 pounds capacity," "Respirator Equipment Requirement," etc.

REQUIREMENTS OF POSITION

Check applicable box: All items listed in the job description (*attach copy of job description to form*)
 All items listed below

A. List certificates, licenses, or education required:

Examples: "Requires valid license as a Registered Nurse in the State of Washington," "Requires CDL Washington state driver's license," etc.

B. List additional knowledge, skills and abilities required for this position and explain why it is required:

Relate the requirement to the major responsibilities

SUPERVISORY RESPONSIBILITY (If Applicable)

Complete the following table for positions supervised/lead:

Employment Type <i>(Exempt, Faculty, Classified, NSH or Student)</i>	Position Title	Number of Employees in the Position	Average Hours Per Week	Overtime Eligible? <i>(Yes or No)</i>

Explain what authority and responsibility the position has regarding hiring, evaluation, discipline, approval or leave use and/or termination or the employees supervised/lead:

SIGNATURE

My signature denotes that this position description is an accurate and correct statement of the duties, responsibilities, and functions assigned to this position.

Supervisor

Date

Major Budget Unit Head

Date