

Job Demands Checklist

The Job Demands Checklist (JDC) is a tool designed to help assess/determine the inherent physical, sensory & psychosocial demands of a position. It is also used to identify any environmental factors associated with a position, as well as equipment, including personal protective equipment, that may be used. A JDC is based upon the generic Job Task Analysis (JTA) for the position. When completing the JDC, variations dependant on specialties & situations must be taken into account.

A JDC should be reviewed every time the position description is altered, with any change in work tasks or when the position is vacated or reclassified. At time of review, consultation should occur with stakeholders.

Critical demands are those where the frequency is assessed to be *Constant* or *Frequent* or are deemed to be essential to the job. Critical demands should be marked in the JDC & then included in the position description, either in the essential or desirable criteria &/or the list of duties.

A JDC must be completed at time of recruitment. A person may only be appointed to a position (whether permanent, temporary, casual or voluntary) when their fitness to carry out the inherent job requirements & job demands of the position have been supported by a health declaration.

Job Title:	Postdoctoral Research Scientist		
Department:	St Vincent's Centre for Applied Medical Research		
Manager / Supervisor:	Bryce Vissel		
Date reviewed:	12 December 2023		
Stakeholders consulted:	AMR Scientific Services Manager People & Culture Team		
Work conditions:	<input checked="" type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Volunteer
	<input checked="" type="checkbox"/> Day shift	<input type="checkbox"/> Evening shift	<input type="checkbox"/> Night shift
	<input type="checkbox"/> Rotating roster	<input type="checkbox"/> Extended shift, eg 10 – 12 hours	<input type="checkbox"/> On call
Frequency of exposure	C <i>Constant</i> - total of 41-60 minutes in the hour	R <i>Rare</i> - total of 3 minutes in the hour	

assessment:		(occurs 67 - 100% of day)		(occurs 0 - 5% of day)
	F	<i>Frequent</i> - total of 21-40 minutes in the hour (occurs 34 - 66% of day)	N	<i>Not applicable</i> - activity is not required to perform the job
	O	<i>Occasional</i> - total of 4-20 minutes in the hour (occurs 6 - 33% of day)		

CRITICAL <input type="checkbox"/>	PHYSICAL DEMANDS – DESCRIPTION	FREQUENCY				
		C	F	O	R	N
<input type="checkbox"/>	Sitting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Standing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Walking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Climbing – stairs / ladders / steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Squatting / kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Half squatting / half kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Lunging – forwards, backward, sideways (to minimise bending of the spine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Pivoting with feet – (to avoid twisting the spine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Moving a load < 5 kgs – raising, lowering or moving a load from one level/position to another	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Moving a load 5 - 10 kgs – raising, lowering or moving a load from one level/position to another	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Moving a load > 10 kgs using equipment - raising, lowering or moving a load from one level/position to another, eg using a trolley, hoist, slide sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Pushing / pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Holding/restraining - using force to hold or restrain objects or people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Hand / arm movement – computer work, writing, pipetting, stacking, handling goods & equipment, driving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Reaching – overhead with arms raised above shoulder level or forwards with arms extended	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Fine motor manipulation – twisting, turning, gripping, holding, wringing actions with hands or fingers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Head & neck movement – bending forwards, sideways or backwards, eg undertaking procedures at the bedside, computer work, writing; twisting/turning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Exposure to vibration – whole body vibration, eg operating a forklift, or hand-arm vibration, eg using a plaster saw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CRITICAL	SENSORY DEMANDS – DESCRIPTION	FREQUENCY				

<input type="checkbox"/>		C	F	O	R	N
<input type="checkbox"/>	Sight - looking at a computer screen, reading document, viewing of X-rays	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Hearing - listening, using the telephone	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Smell – working with chemicals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Touch - palpation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Colour Discrimination - ability to distinguish between different colours / shades	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are we safe today?



CRITICAL <input type="checkbox"/>	PSYCHOSOCIAL DEMANDS – DESCRIPTION	FREQUENCY				
		C	F	O	R	N
<input type="checkbox"/>	Attention to detail – concentration, sustained focus, ensuring accuracy of information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Critical thinking & analysis – identifying, analysing & problem solving issues, decision making	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Competing demands – working in complex environments, dealing with changing situations, prioritising actions, managing competing workloads, meeting deadlines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Distressing / challenging situations - interactions with seriously injured/ill, distressed, uncooperative, unpredictable or aggressive people, including those affected by drug/alcohol, dementia, mental illness; responding to emergencies/critical incidents including deaths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Collaboration with others – team work, effective communication & interaction with colleagues & patients/clients/relatives/visitors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Responsibility & accountability – meeting professional & ethical expectations, supervising / providing leadership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Working independently	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRITICAL <input type="checkbox"/>	ENVIRONMENTAL FACTORS	FREQUENCY				
		C	F	O	R	N
<input type="checkbox"/>	Surfaces – walking over uneven ground or surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Noise – background noise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Cold or hot temperatures - working outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Heights – using ladders / stepladders / scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Hazardous Chemicals / Dangerous Goods – using, handling, storing & disposing of chemicals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Cytotoxics – administration, handling & disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Biological substances - body fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Human Resources

Created June 2015

Last Review: December 2018

Next Review: December 2021

CRITICAL <input type="checkbox"/>	PSYCHOSOCIAL DEMANDS – DESCRIPTION	FREQUENCY				
		C	F	O	R	N
<input type="checkbox"/>	Radiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Confined space – an enclosed space with limited space & accessibility, eg tank, pressure vessel, pit, ducts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CRITICAL <input type="checkbox"/>	PERSONAL PROTECTIVE EQUIPMENT	FREQUENCY				
		C	F	O	R	N
<input type="checkbox"/>	Gloves / mask / gown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Hearing protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Eye protection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Lead apparel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Safety footwear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Health Declaration

Dear ,

Appointment at St Vincent’s Hospital Network (SVHN) is based on merit & is conditional on you being fully able to perform the inherent requirements for the position. The purpose of this health declaration is to help us ensure that you are not placed in an environment or given tasks that will impact upon your health, safety & wellbeing.

The health declaration is required so that appropriate & reasonable action may be taken to ensure that adjustments, where possible, may be made. Adjustments must be made where their provision does not cause SVHN unjustifiable hardship. It is not the intention of SVHN to deny any person an offer of employment or the opportunity to volunteer solely because of disability, illness or injury.

You are required to complete this Health Declaration & may also be required to undertake a Pre-Appointment Medical Assessment. You must disclose any illness, disease, injury or condition *of which you are aware & could reasonably be expected to foresee* that could be affected by the proposed engagement. Information on the inherent requirements of the position are detailed in the Job Demands Checklist. Medical & personal information collected in the Health Declaration is

treated confidentially & the completed declaration will be retained on your personnel file, which is kept secure at all times.

After appointment, should any circumstances change that may affect your capacity to perform the inherent requirements of the position you are undertaking, you are obliged to inform your manager.

If you have any difficulty completing this form or wish to discuss any issues in a confidential setting, you should speak with the person who convened the interview.

Part 1: Personal Details

Surname:		First Name:	
Address:			
Preferred Contact No:			
Current SVHN Employee: <i>(Mark appropriate box)</i>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	Employee No:

Part 2: Position Details

Position applied for:	Postdoctoral Research Scientist	Recruitment No:	
Hospital:	St Vincent's Hospital Sydney	Department:	AMR

Part 3: General Health Screening *(Mark appropriate box)*

1. Are you aware of any issue regarding your health or capacity to work that would affect your ability to perform the inherent requirements of the position as detailed in the Job Demands Checklist (JDC)?

In answering this question you are also covering factors such as existing or pre-existing injury or condition/s.

NO **YES** If Yes, please provide details

2. Do you currently experience any pain or musculoskeletal problems which may affect your ability to perform the inherent requirements of the position as detailed in the JDC, eg pain, numbness, limited motion, limited ability to walk/sit/stand/lift/carry?

NO **YES** If Yes, please provide details

3. Are you receiving any ongoing treatment for health issues or injuries that may affect your ability to perform the inherent requirements of the position as detailed in the JDC?

NO **YES** If Yes, please provide details

4. Are you taking any medication (prescription or non-prescription) that may affect your mobility, balance, hearing, vision or ability to concentrate?

NO **YES** If Yes, please provide details

5. Do you have a current workers compensation or personal injury claim that may affect your ability to undertake the inherent requirements of the role as detailed in the JDC?

NO **YES** If Yes, please provide details

6. Do you have any current medical restrictions that may be impact on your ability to undertake the inherent requirements of the position as detailed in the JDC?

NO **YES** If Yes, please provide details

7. Have you had a workers compensation or personal injury claim that may need to be considered in light of the inherent requirements of the position as detailed in the JDC?

NO **YES** If Yes, please provide details

8. Have you ever been medically retired from a previous position?

NO **YES** If Yes, please provide details

Part 4: Exposure Screening / Monitoring *(Mark appropriate box)*

1. Have you been exposed to the following?	YES	<i>If Yes, state Year & Place</i>
Asbestos	<input type="checkbox"/>	
Cytotoxics	<input type="checkbox"/>	
Ethylene oxide	<input type="checkbox"/>	
Gluteraldehyde	<input type="checkbox"/>	
Hazardous noise	<input type="checkbox"/>	
Ionising radiation	<input type="checkbox"/>	
Lasers – Class 3B or 4	<input type="checkbox"/>	
Metals, eg Lead, Mercury	<input type="checkbox"/>	
Pesticides	<input type="checkbox"/>	
Solvents, eg Butanol, Toluene, Xylenes	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
2. Have you had health screening / monitoring for work-related exposure to the following?	YES	<i>If Yes, state Year & Place</i>
Asbestos or dust	<input type="checkbox"/>	
Cytotoxics	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	
Ionising radiation	<input type="checkbox"/>	
Lasers – Class 3B & 4	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

SVHN will offer health surveillance in-line with requirements set-out in the WHS Regulation.

Health Surveillance is the monitoring of individuals to identify changes in health status that may be due to occupational exposure to a hazardous or biological substance, irritant, radiation or high noise levels.

The Work Health & Safety (WHS) Team will review your responses if you answered **Yes** to any question in Part 3 or Part 4. You may be required to attend a pre-employment medical assessment.

Part 5: Applicant Declaration

I, _____ do solemnly & sincerely declare that the contents
(Applicant's Name)

of this form are true & correct in every particular and make this solemn declaration conscientiously, believing the same to be true & correct.

The information stated is true & complete to the best of my knowledge. No information concerning my past or present state of health that may affect my ability to perform the inherent requirements of the position as detailed in the Job Demands Checklist has been withheld. I agree to undergo a pre-employment medical assessment if deemed necessary.

I understand that any wilfully incorrect or misleading answer or material omission which relates to any of the questions before mentioned may make me ineligible for employment or, if employed, liable to dismissal. I understand that this pre-employment health declaration will form part of my personnel file.

I have read & understood the requirements of the position as contained in the Position Description & Job Demands Checklist & agree that:

(Mark appropriate box)

<input type="checkbox"/>	I can fulfil the requirements of the position without modification & am not aware of any injury/condition that might interfere with my ability to meet the inherent jobs requirements & job demands of the position.
<input type="checkbox"/>	I have an injury/condition that may require the employer to provide me with adjustments, services or facilities so that I can safely meet the inherent requirements & job demands of the position.
<input type="checkbox"/>	I need the following adjustments/services/facilities in order to meet the inherent requirements & job demands of the position:

Name of Applicant: _____

Signature: _____ **Date:** _____

Part 6: Manager Comment *(following review of Health Screening/Declaration &, where necessary, medical recommendations on fitness to undertake the inherent requirements of the position/workplace adjustments.)*

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<input type="checkbox"/>	Adjustments are required to enable the applicant to meet the inherent requirements of the position. Adjustments required are:
<input type="checkbox"/>	Despite adjustment, the applicant would be unable to meet the inherent requirements of the position <i>or</i> provision of adjustments would cause SVHN unjustifiable hardship

Name of Manager: Bryce Vissel _____ **Position:** Head of CNRM _____
Signature: _____ **Date:** _____

