



Welcome to the 2006 Entry Level Corrections Officer Physical Task Job Task Analysis (JTA) Survey!

Information taken from this survey will be used to determine medical and physical capacity standards for corrections officers throughout the state of Oregon.

Your participation is essential in making certain we get the most complete "picture" of the physical tasks and requirements of being a corrections officer.

Please note, this survey does not address general work activities, but is specifically focused on physical tasks.

PLEASE READ THE DIRECTIONS CAREFULLY

If you have questions or comments, please contact me directly at (503) 378-2432, rick.gardner@state.or.us

NOTE

THIS IS THE SECOND ADMINISTRATION OF THIS SURVEY!

EVEN IF YOU HAVE PREVIOUSLY COMPLETED THE SURVEY, YOU ARE ASKED TO DO SO AGAIN.

IF YOU DO NOT COMPLETE THIS SURVEY, YOUR PREVIOUS RESPONSES WILL NOT BE USED!



Directions for Completing the Survey

PURPOSE

The purpose of this survey is to update and expand Job Task Analysis data on the physical exertion tasks performed by entry-level corrections officers.

This survey is intended to be completed by supervisory/managerial level personnel. If you are not a supervisor/manager, **PLEASE DO NOT COMPLETE THIS SURVEY!**

SURVEY STRUCTURE

This survey uses two basic types of questions/items. The most common within the survey is the **FORCED CHOICE**. FORCED CHOICE items will have a rating scale listed (from high to low). To answer these questions, simply **left-click your mouse on the alternative that best represents your answer to the question.** A dot will appear in the circle on the alternative you selected, and then you can move on to the next item.

The second type is a **FILL IN THE BLANK** item. In these survey items you will see a space, or series of lines following the question or item. Simply place your mouse cursor at the beginning of the line or space, and type in your response.

YOU CAN CHANGE ANY OF YOUR ANSWERS UNTIL YOU MOVE TO THE NEXT PAGE

The "back button" on your browser has been disabled. This is because if you move back through the survey, your responses after that point will be automatically deleted.

THIS SURVEY DOES NOT HAVE A SAVE FUNCTION.

You must complete the survey in one session. If you discontinue part way through, your responses will be lost and you will have to begin the survey again.

ONCE YOU HAVE COMPLETED THE SURVEY AND CLICK "SUBMIT" IT WILL AUTOMATICALLY BE RETURNED FOR PROCESSING. YOU NEED TAKE NO FURTHER ACTION.



Personal Information

Please answer the following questions. Your specific responses to the survey items will be kept confidential, unless you direct otherwise. Your personal information is used to assist us in sorting and interpreting responses from the survey.

1 Name

Last Name, First Name

2 DPSST Number

3 Work Location

Agency Type

Jail

Department of Corrections

Other

4 Gender

FEMALE

MALE

5 Age

6 How long have you been employed in a supervisory/managerial capacity with the organization?

1-3 Years

4 - 6 Years

7 - 10 Years

10 years +

7 Total years of experience in the corrections field

1 - 3

4 - 6

7 - 10

10 +

8 Size of unit/department (number of full-time employees)

1 - 15

16 - 30

30 - 50

50 - above



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9 Highest level certificate held

- None
- Supervisory
- Mid-Management
- Executive

10 Ethnicity - Race

- Caucasian (white)
- Hispanic
- Native American
- African-American
- Asian
- Pacific Islander
- Other



SURVEY OVERVIEW

For any task to be considered as "critical and essential" it must be performed by virtually all incumbents on a regular basis, and/or it must be of such importance that failure to perform the task competently can have negative consequences.

This survey examines *potentially* critical and essential physical tasks for entry-level corrections officers (some previously identified, some new).

For example, sitting in a chair for several hours a day may be a very commonly performed task for all corrections officers, although the potential consequences for failing to perform well at this task may be relatively inconsequential. Using a firearm may be an extremely infrequently performed task, but the potential consequences of poor performance are disastrous.

Both tasks are likely to rise to the level of critical and essential, but for obviously different reasons.

NOTE: BECAUSE YOU ARE A SUPERVISOR/MANAGER, YOU ARE ANSWERING SURVEY QUESTIONS BASED ON YOUR KNOWLEDGE AND EXPERIENCE OF WHAT ENTRY LEVEL OFFICERS DO, **NOT WHAT YOU DO!**



SURVEY RATING SCALES

The survey will ask that you rate each potential task according to how often it is performed by officers under your direction/supervision (**frequency**) and how important the task is; Consequences of Inadequate Performance (**CIP**).

The two primary rating scales used in this survey are:

Frequency (how often the task is performed)

- 0 = Never Performed
- 1 = A few times during the year
- 2 = Several times during the year
- 3 = Monthly (or several times each month)
- 4 = Weekly (or several times each week)
- 5 = Daily (or several times each day)

Consequences of Inadequate Performance (how important is the task). What are the potential consequences to person and/or property if this task is performed poorly?

- 0 = None (no negative consequences)
- 1 = Very Mild (none to few negative consequences)
- 2 = Mild to Moderate (mildly negative consequences)
- 3 = Moderately High (definite negative consequences)
- 4 = High (seriously negative consequences)
- 5 = Severe (**disastrously** negative consequences)

Unless specifically noted, all tasks are performed without assistance.

Numeric Responses

Some of the listed activities involve the weights, numbers and distances. There is some indication that we need to adjust previous data. Where indicated, please enter the MAXIMUM values. For example, if the question asks for the weight of an object lifted, simple write in the most **common** maximum weight.



SURVEY INSTRUCTIONS - Please Read Very Carefully!

NOTE: There is no save function on this survey. It must be completed in one session.

If you do not have the time to do this (approximately one hour) please take the survey at another time.

In this survey you will be read a series of physical job tasks that cover various job functions of an entry level corrections officer. Below each task there will be two rating scales, **frequency** and **consequences**. You are to select the rating level that most closely approximates your observations of the officers under your direction and the relative importance of the various tasks they perform. Where asked, you will also indicate the **MAXIMUM** weight/distance (etc.) for the task.

THIS IS A FORCED CHOICE SURVEY

You must select a number on each rating scale for each question before you can move to the next item.

The **BACK** button on your browser will not function while you are taking this survey. This is to prevent you from having to re-enter responses.

If you experience any difficulty with the survey process you may contact Rick Gardner, JTA Coordinator at (503-378-2432) rick.gardner@state.or.us

Thank you again for your participation!



SITTING - STANDING - WALKING - RUNNING

11 Run on flat surface

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Maximum Distance in Feet

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous

12 Walk continuously

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Maximum Time in Hours

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous

13 Stand continuously

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Maximum Time in Hours

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous

14 Walk up/down stairs

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Maximum Number of Flights

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous



15 Sit continuously (car, desk, etc.)		
Frequency	Maximum Number of Hours	Consequences of Inadequate Performance
<input type="checkbox"/> Never	_____	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year		<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year		<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly		<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly		<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily		<input type="checkbox"/> Disastrous

16 Run up/down stairs		
Frequency	Maximum Number of Flights	Consequences of Inadequate Performance
<input type="checkbox"/> Never	_____	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year		<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year		<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly		<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly		<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily		<input type="checkbox"/> Disastrous

17 Walk/run on irregular, potentially hazardous surfaces (slick, muddy, rocky, etc.)	
Frequency	Consequences of Inadequate Performance
<input type="checkbox"/> Never	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year	<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year	<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly	<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly	<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily	<input type="checkbox"/> Disastrous



Crawling - Climbing Over/Under Obstacles

18 Climb or pull oneself over a vertical obstacle

Frequency	Max. Height of Obstacle in Feet	Consequences of Inadequate Performance
<input type="checkbox"/> Never	_____	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year		<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year		<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly		<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly		<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily		<input type="checkbox"/> Disastrous

19 Crawl under an obstacle

Frequency	Lowest Distance in Inches	Consequences of Inadequate Performance
<input type="checkbox"/> Never	_____	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year		<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year		<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly		<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly		<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily		<input type="checkbox"/> Disastrous

20 Climb steps, railings, or over other external features/obstacles

Frequency	Consequences of Inadequate Performance
<input type="checkbox"/> Never	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year	<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year	<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly	<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly	<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily	<input type="checkbox"/> Disastrous

21 Climb up/down ladder

Frequency	Max. Height of Ladder in Feet	Consequences of Inadequate Performance
<input type="checkbox"/> Never	_____	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year		<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year		<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly		<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly		<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily		<input type="checkbox"/> Disastrous



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22 Climb up/down from elevated surface

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Max. Distance in Feet

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous



LIFTING - CARRYING - PUSHING

23 Lift objects up off the ground

Frequency	Max. Lift-Height in Inches	Max. Weight of Object in Pounds	Consequences of Inadequate Performance
<input type="checkbox"/> Never	_____	_____	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year			<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year			<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly			<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly			<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily			<input type="checkbox"/> Disastrous

24 Push/pull objects

Frequency	Max. Distance in Inches	Max. Weight in Pounds	Consequences of Inadequate Performance
<input type="checkbox"/> Never	_____	_____	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year			<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year			<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly			<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly			<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily			<input type="checkbox"/> Disastrous

25 **Assisted** carry of an unresisting inmate

Frequency	Maximum Weight in Pounds	Consequences of Inadequate Performance
<input type="checkbox"/> Never	_____	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year		<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year		<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly		<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly		<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily		<input type="checkbox"/> Disastrous

26 Carry and place objects

Frequency	Max. Distance in Inches	Max. Weight in Pounds	Consequences of Inadequate Performance
<input type="checkbox"/> Never	_____	_____	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year			<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year			<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly			<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly			<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily			<input type="checkbox"/> Disastrous



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27 Lift objects down from elevated surface (waist high or above) and place on ground or floor	Frequency	Maximum Weight in Pounds	Consequences of Inadequate Performance
	<input type="checkbox"/> Never	_____	<input type="checkbox"/> None
	<input type="checkbox"/> Once or less in past year		<input type="checkbox"/> Mild
	<input type="checkbox"/> Several times per year		<input type="checkbox"/> Mild to Moderate
	<input type="checkbox"/> Monthly		<input type="checkbox"/> Moderate
	<input type="checkbox"/> Weekly		<input type="checkbox"/> Moderately High
	<input type="checkbox"/> Daily		<input type="checkbox"/> Disastrous



JUMPING - VAULTING

28 Jump/vault over ditch, hole, or other depression

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous

29 Jump/vault over raised barrier

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Maximum Height in Inches

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous

30 Jump up/down from elevated surface

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous



Struggle - Fight - Defend

31 Grip and hold an inmate to maintain physical control

Frequency	Max. Time in Minutes	Max. Weight in Pounds	Consequences of Inadequate Performance
<input type="checkbox"/> Never	_____	_____	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year	_____	_____	<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year	_____	_____	<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly	_____	_____	<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly	_____	_____	<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily	_____	_____	<input type="checkbox"/> Disastrous

32 Extract/place a struggling inmate in/from a cell

Frequency	Max. Time in Minutes	Max. Weight in Pounds	Consequences of Inadequate Performance
<input type="checkbox"/> Never	_____	_____	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year	_____	_____	<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year	_____	_____	<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly	_____	_____	<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly	_____	_____	<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily	_____	_____	<input type="checkbox"/> Disastrous

33 Hold/restrain a struggling inmate

Frequency	Max. Time in Minutes	Max. Weight in Pounds	Consequences of Inadequate Performance
<input type="checkbox"/> Never	_____	_____	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year	_____	_____	<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year	_____	_____	<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly	_____	_____	<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly	_____	_____	<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily	_____	_____	<input type="checkbox"/> Disastrous

34 Physically defend against and control an attacking inmate

Frequency	Max. Time in Minutes	Max. Weight in Pounds	Consequences of Inadequate Performance
<input type="checkbox"/> Never	_____	_____	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year	_____	_____	<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year	_____	_____	<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly	_____	_____	<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly	_____	_____	<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily	_____	_____	<input type="checkbox"/> Disastrous



35 Take down and subdue a resisting inmate

Frequency	Maximum Weight in Pounds	Consequences of Inadequate Performance
<input type="checkbox"/> Never	_____	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year		<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year		<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly		<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly		<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily		<input type="checkbox"/> Disastrous

36 Handcuff - mechanically restrain an inmate

Frequency	Maximum Weight in Pounds	Consequences of Inadequate Performance
<input type="checkbox"/> Never	_____	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year		<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year		<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly		<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly		<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily		<input type="checkbox"/> Disastrous

37 Tackle a fleeing inmate to stop flight

Frequency	Maximum Weight in Pounds	Consequences of Inadequate Performance
<input type="checkbox"/> Never	_____	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year		<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year		<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly		<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly		<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily		<input type="checkbox"/> Disastrous

38 Use hand weapon(s) (other than firearm) to subdue inmate in physical confrontation

Frequency	Consequences of Inadequate Performance
<input type="checkbox"/> Never	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year	<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year	<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly	<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly	<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily	<input type="checkbox"/> Disastrous



39 Use chemical weapon to subdue an inmate in a physical confrontation		
Frequency	Consequences of Inadequate Performance	Maximum weight of inmate
<input type="checkbox"/> Never	<input type="checkbox"/> None	_____
<input type="checkbox"/> Once or less in past year	<input type="checkbox"/> Mild	
<input type="checkbox"/> Several times per year	<input type="checkbox"/> Mild to Moderate	
<input type="checkbox"/> Monthly	<input type="checkbox"/> Moderate	
<input type="checkbox"/> Weekly	<input type="checkbox"/> Moderately High	
<input type="checkbox"/> Daily	<input type="checkbox"/> Disastrous	

40 Use weapon (firearm, other) after pursuit, running, fighting-defending, or other strenuous physical activity	
Frequency	Consequences of Inadequate Performance
<input type="checkbox"/> Never	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year	<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year	<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly	<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly	<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily	<input type="checkbox"/> Disastrous

41 Use firearms in physical confrontation with inmate	
Frequency	Consequences of Inadequate Performance
<input type="checkbox"/> Never	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year	<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year	<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly	<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly	<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily	<input type="checkbox"/> Disastrous

42 Continue to function effectively after exposure to chemical weapons	
Frequency	Consequences of Inadequate Performance
<input type="checkbox"/> Never	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year	<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year	<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly	<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly	<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily	<input type="checkbox"/> Disastrous

43 Physically intervene to break up inmate fights/physical confrontations	
Frequency	Consequences of Inadequate Performance
<input type="checkbox"/> Never	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year	<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year	<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly	<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly	<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily	<input type="checkbox"/> Disastrous



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44 Dodge/evade blows, thrown objects

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous

45 Exposure to hazardous materials (drugs, chemicals, infectious diseases, etc.)

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous



Combined Physical Activities

46 Pursue fleeing inmate on foot, negotiating barriers and hazards (running, jumping, climbing, etc.), struggle with and subdue after pursuit/evasion

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous

47 Subdue and physically/mechanically restrain, lift/carry/drag inmate to/from cell or holding area

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous

48 Transport inmate (resisting, not resisting) within the facility, maintaining physical control, negotiating stairs, doorways, obstacles and other features

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous

49 Being struck by, and/or striking inmates (physical altercations)

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous



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50 Physically struggling with multiple inmates

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous

51 Falling/being knocked down in struggle or pursuit - recovering to feet - resuming struggle/pursuit

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous

52 Operating, servicing and maintaining agricultural equipment and tools (powered and unpowered)

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous

53 Loading, unloading, driving transport vehicles (cars, vans, buses), while maintaining control of inmates

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous

54 Participate in Defensive Tactics Training (DT's)

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous



Psychological Elements with Physical Effects

In this section of the survey, we are examining the complex relationship between psychological factors and their physiological impact. Consequences of Inadequate Performance is replaced with IMPACT/IMPORTANCE, as the second rating scale. The intention is identical, to rate the item by the **significance** of its impact. However, competency is not the primary issue in this task area.

55 Continuing to function in a physical confrontation after being struck/injured

Frequency	Impact/Importance
<input type="checkbox"/> Never	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year	<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year	<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly	<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly	<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily	<input type="checkbox"/> Disastrous

56 Maintain a state of hypervigilance (acute sensory awareness over protracted period of time (hours)

Frequency	Impact/Importance
<input type="checkbox"/> Never	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year	<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year	<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly	<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly	<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily	<input type="checkbox"/> Disastrous

57 Cope with the physical effects of acute emotional stress {fear, anger, etc} (**self**)

Frequency	Impact/Importance
<input type="checkbox"/> Never	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year	<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year	<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly	<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly	<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily	<input type="checkbox"/> Disastrous

58 Cope with physical effects of acute emotional stress (**others**)

Frequency	Impact/Importance
<input type="checkbox"/> Never	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year	<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year	<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly	<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly	<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily	<input type="checkbox"/> Disastrous



59 Cope with the physical effects of chronic (cumulative) emotional stress **(self)**

Frequency	Impact/Importance
<input type="checkbox"/> Never	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year	<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year	<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly	<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly	<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily	<input type="checkbox"/> Disastrous

60 Cope with the chronic (cumulative) emotional stress **(others)**

Frequency	Impact/Importance
<input type="checkbox"/> Never	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year	<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year	<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly	<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly	<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily	<input type="checkbox"/> Disastrous

61 Cope with the chronic physical effects of shift-work

Frequency	Impact/Importance
<input type="checkbox"/> Never	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year	<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year	<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly	<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly	<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily	<input type="checkbox"/> Disastrous

62 Cope with the emotional and physical results of being struck by - exposed to bodily fluids

Frequency	Impact/Importance
<input type="checkbox"/> Never	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year	<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year	<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly	<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly	<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily	<input type="checkbox"/> Disastrous

63 Cope with the emotional and physical impact of being subjected to verbal threats of violence

Frequency	Impact/Importance
<input type="checkbox"/> Never	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year	<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year	<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly	<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly	<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily	<input type="checkbox"/> Disastrous



64 Cope with the emotional impact witnessing sexual acts among inmates

Frequency	Impact/Importance
<input type="checkbox"/> Never	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year	<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year	<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly	<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly	<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily	<input type="checkbox"/> Disastrous

65 Cope with the emotional impact of coping with seriously mentally ill inmates

Frequency	Impact/Importance
<input type="checkbox"/> Never	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year	<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year	<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly	<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly	<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily	<input type="checkbox"/> Disastrous

66 Cope with the emotional impact of verbal abuse from inmates

Frequency	Impact/Importance
<input type="checkbox"/> Never	<input type="checkbox"/> None
<input type="checkbox"/> Once or less in past year	<input type="checkbox"/> Mild
<input type="checkbox"/> Several times per year	<input type="checkbox"/> Mild to Moderate
<input type="checkbox"/> Monthly	<input type="checkbox"/> Moderate
<input type="checkbox"/> Weekly	<input type="checkbox"/> Moderately High
<input type="checkbox"/> Daily	<input type="checkbox"/> Disastrous



GENERAL PHYSICAL ACTIVITIES

67 Kneel, squat and recover to feet repeatedly

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous

68 Repetitive hand movement (e.g., typing, writing, car code scanning, etc.) for up to several hours per day.

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous

69 Bending over from waist at or below waist level

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous

70 Crawling on hands and knees

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous



Oregon Department of Public Safety Standards and Training

71 Cardio-vascular endurance (sustained high-demand physical exertion for longer than three minutes)

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous



SENSORY ACUITY - DISCRIMINATION

72 Accurately visually detect and resolve images, facial and body features, and movement of persons and objects in varying light conditions, at distances up to 100 feet

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous

73 Accurately determine full-range colors (clothing, substances, skin tones, etc) in varying light conditions

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous

74 Resolve and understand faint auditory signals (whispers, transients, air movement, etc.)

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous

75 Resolve and understand speech in the presence of a wide range of environmental surrounds, including high levels of ambient background noise

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous



76 Detect and resolve faint and/or odd odors

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous

77 Accurately resolve visual images in low-light conditions

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous

78 Three-dimensional vision, sufficient for accurate depth perception, image placement and location sufficient for complex visual tasks (driving a vehicle in emergency conditions, pursuit of inmate over complex surfaces in unpredictable conditions, stairs, steps, obstacles, weapons use, etc.)

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous

79 Accurately visually detect and resolve transitory and subtle changes in "body language" (pupil constriction/dilation, skin color, respiration changes, etc.)

Frequency

- Never
- Once or less in past year
- Several times per year
- Monthly
- Weekly
- Daily

Consequences of Inadequate Performance

- None
- Mild
- Mild to Moderate
- Moderate
- Moderately High
- Disastrous

