

DESIGN SPECIFICATIONS DOCUMENT

PRW SYSTEMS UPDATE V1.3



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1. Design Specification Document Version Information

The first release of this design specifications document as a project deliverable is numbered 1.0.

Subsequent revisions are numbered 1.1, 1.2, 1.3, etc. Content revisions are listed below with corresponding page numbers.

[Any circulating drafts should be noted with a DRAFT watermark and numbered 0.1, 0.2, 0.3, etc.]

Version Number	Date	Content Revisions	Page #	Revised by
1.0 (First	1/12/2024	First version (baseline). First party only.		
Release)				
1.1 (First	2/5/2024	Response to edits made by Policy on 1/22/2024 First party only.		
Revision)				
1.2	2/5/2024	Updated language on job001 sw&cw. First party only		
1.3	3/29/2024	Added 3 rd party screens. Updated 1 st party screens.		ı

2. About this Document

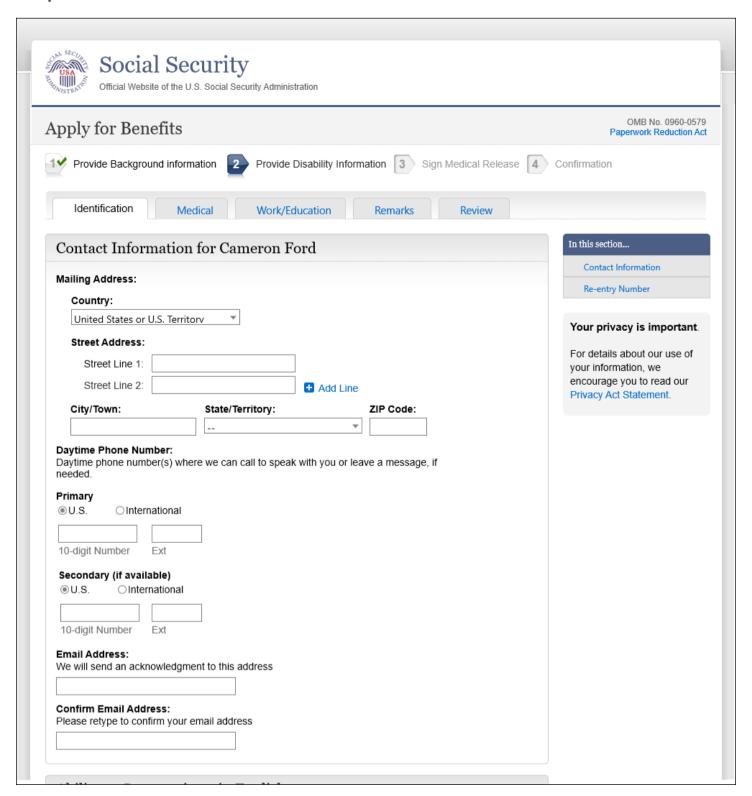
Intended Audience: This design specifications document is intended to serve the needs of SSA developers building user interfaces, especially those working with the User Experience Framework (UEF). It contains information that can also be useful to analysts, validation staff, and other project team members.

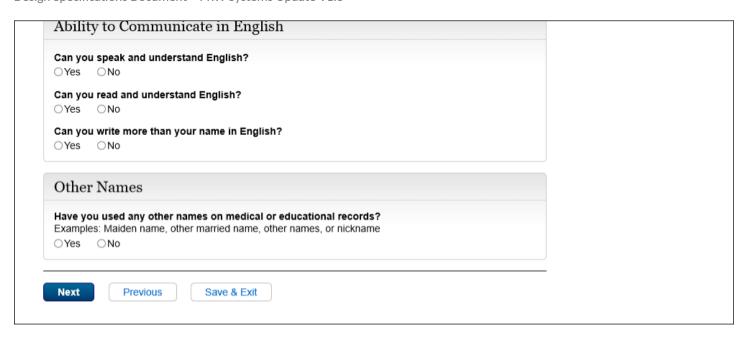
Intended Use: Use this document in conjunction with the other UXG-related project resources (most notably the online interactive prototype) to guide development of the user interfaces designed by the UXG. See the next section of this document for a link to the prototype.

What's Included/What's Not: The screen captures and accompanying information included in this design specifications document relate only to the user interface portion(s) of the project that the UXG has been tasked to research, design, prototype and/or evaluate. Therefore, not all project-related web pages, application screens, menus, interactions, conditions and/or variances may be illustrated and explained in this document. In addition, user entries and data displays are simulated. Refer to the related business process documentation and functional requirements for supplemental information. Please contact the UXG Team Lead and your Project Manager regarding design-related issues that are not addressed in this document.

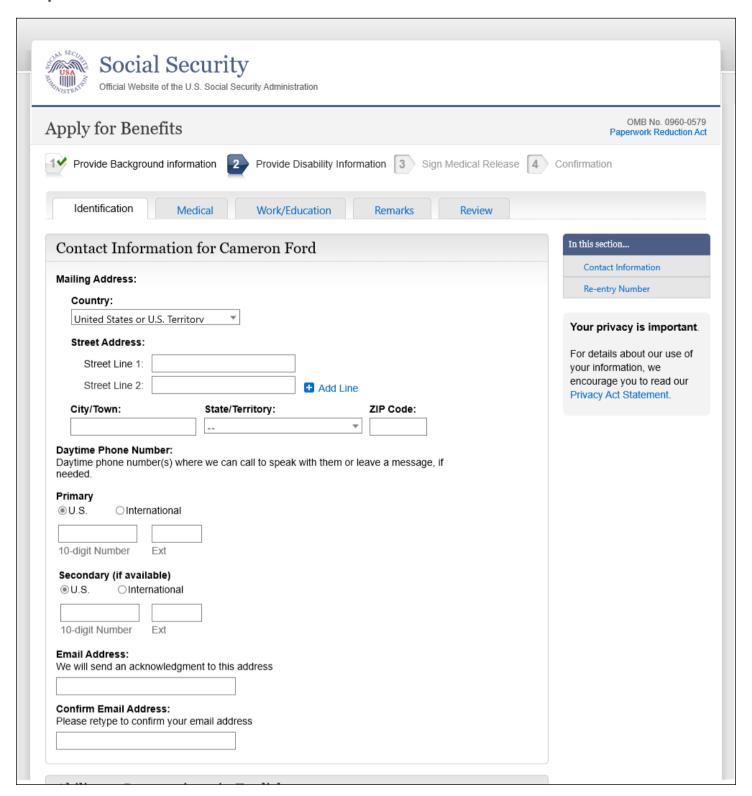
3. Pages

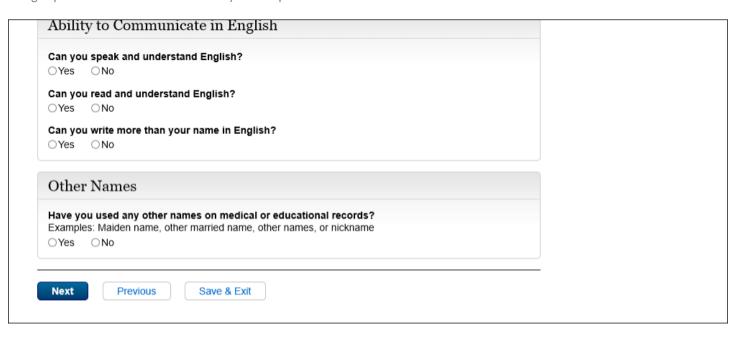
3.1. pin001 - 1 - Personal Information



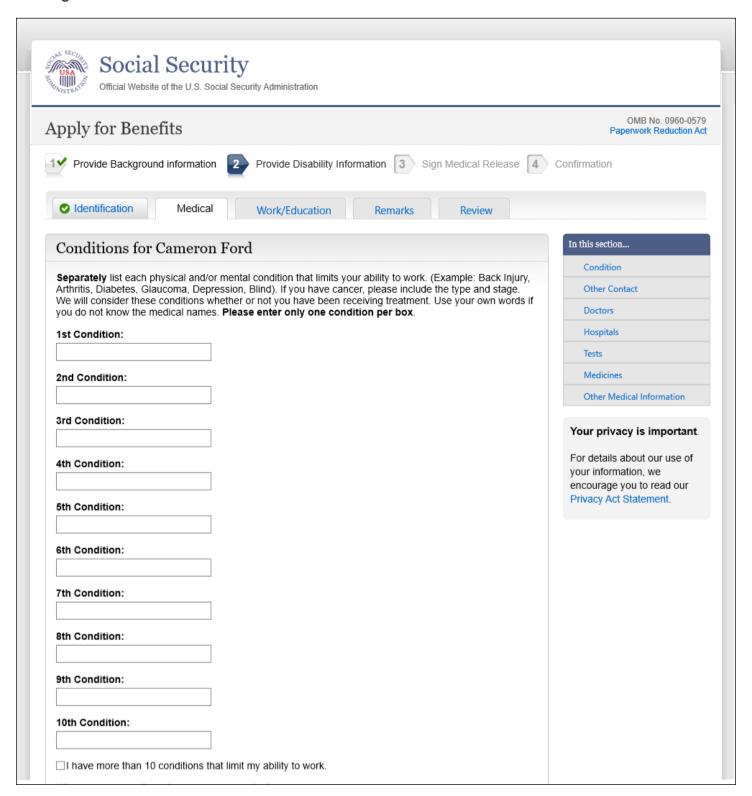


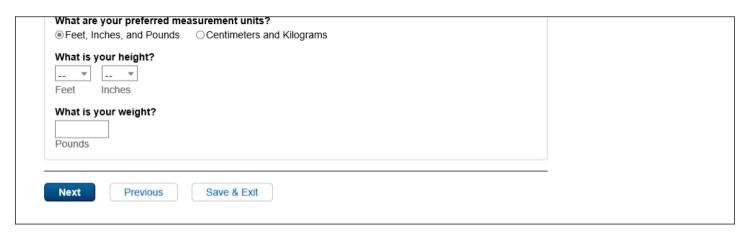
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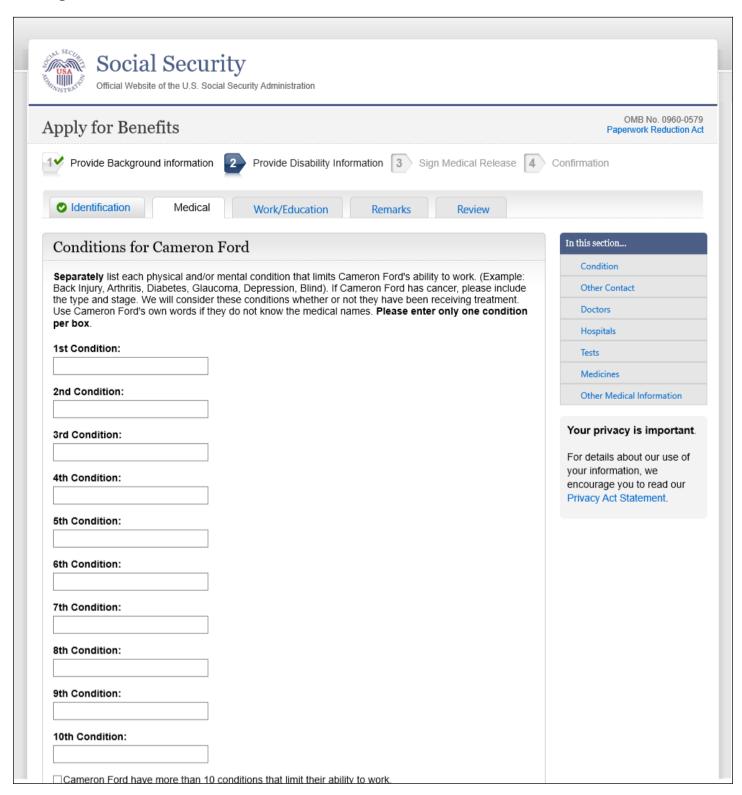


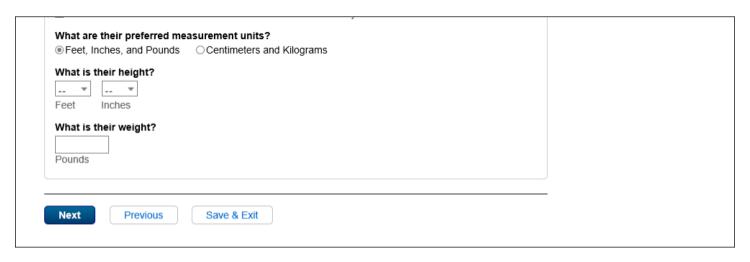
3.3. alg001 - 1 - Conditions



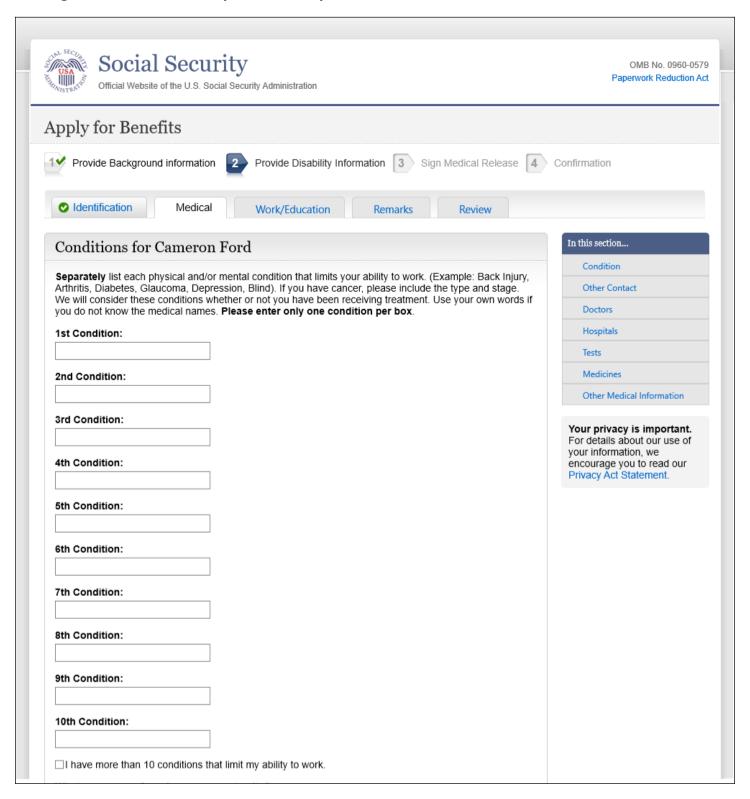


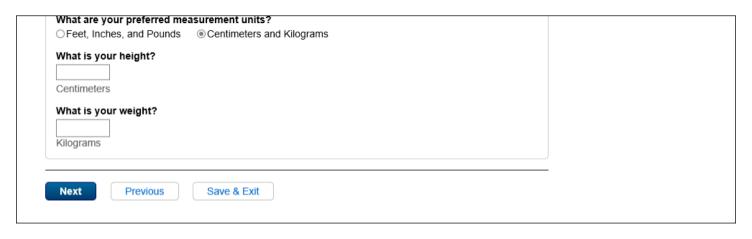
3.4. alg001 - 3 - Conditions



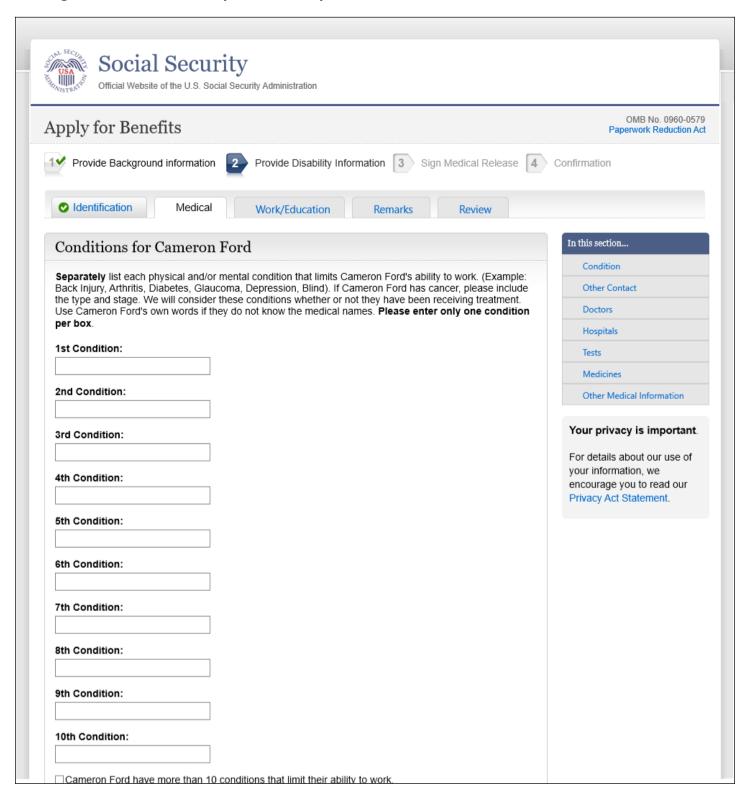


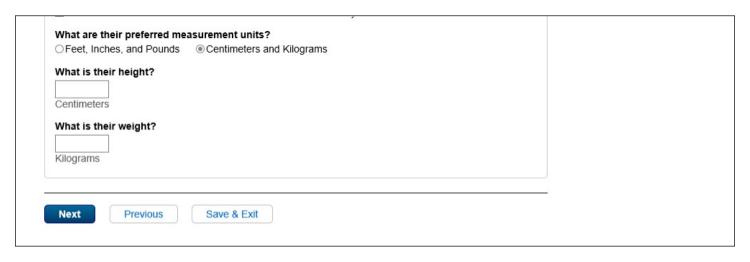
3.5. alg001 - 1 - Conditions (show metric)



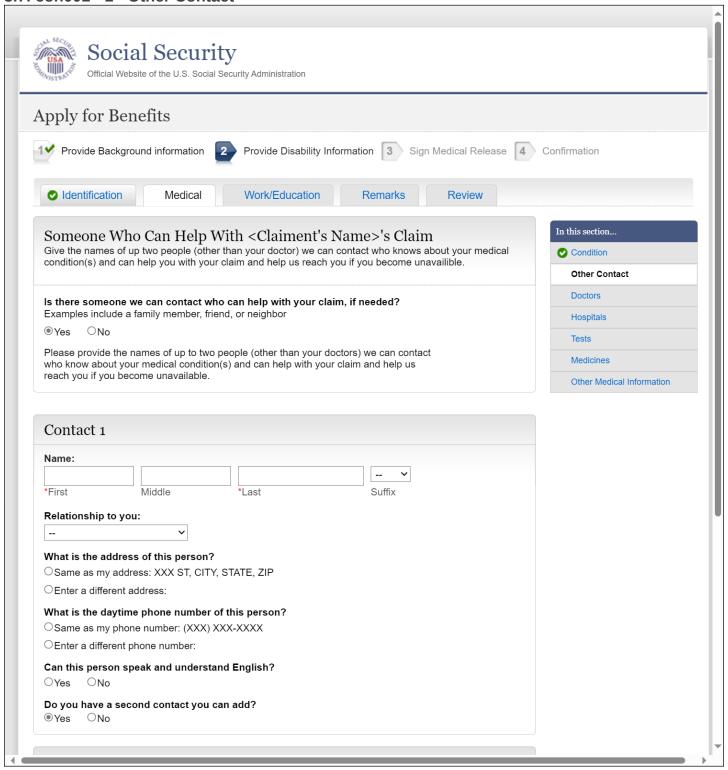


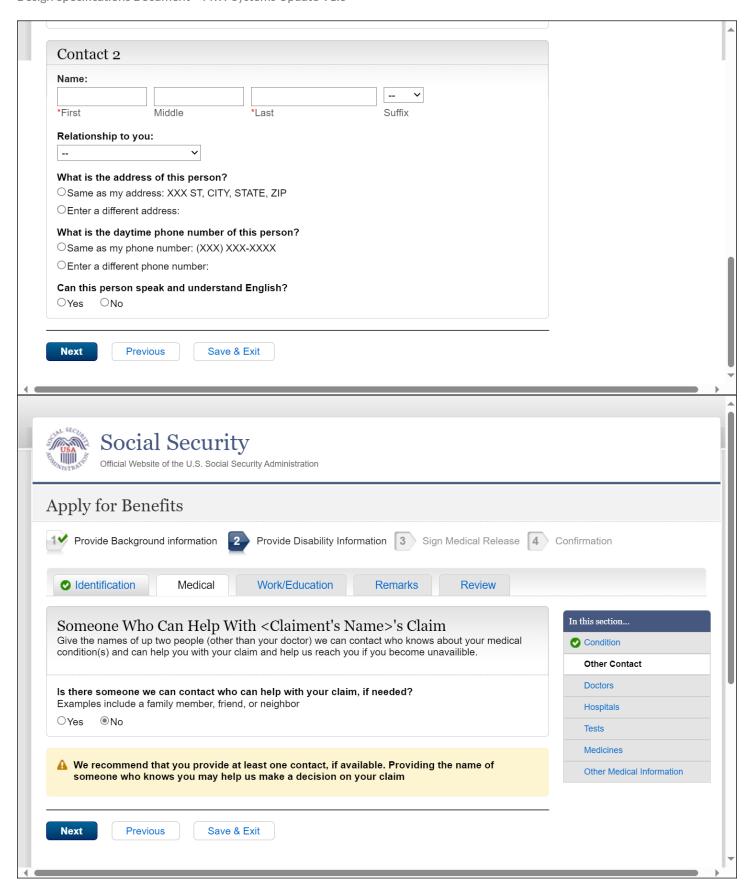
3.6. alg001 - 3 - Conditions (show metric)



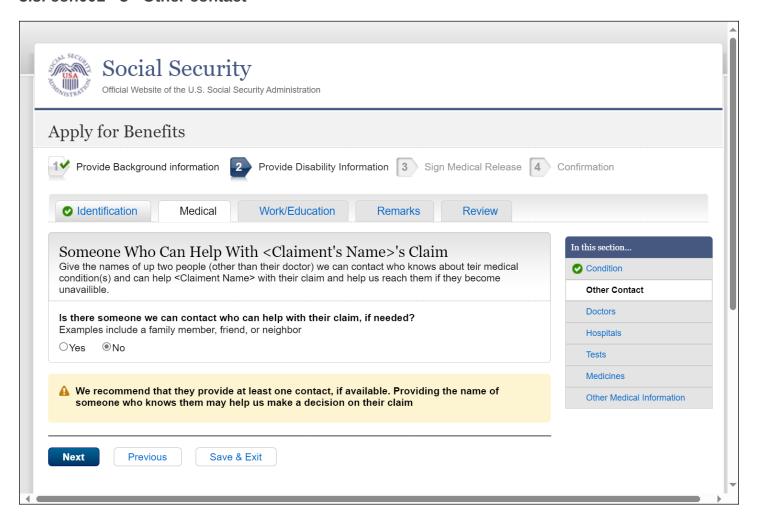


3.7. con001 - 1 - Other Contact

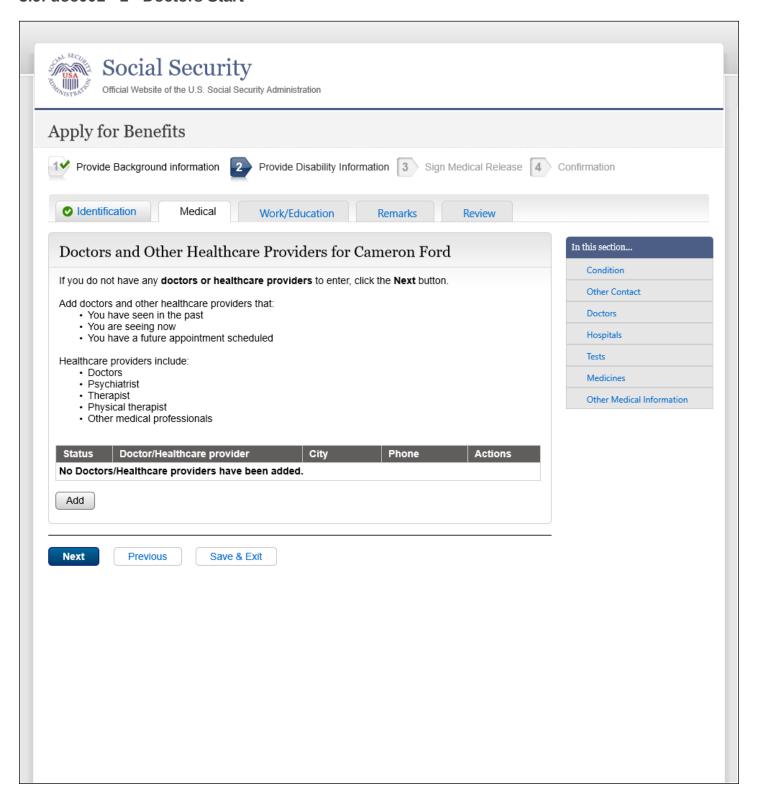




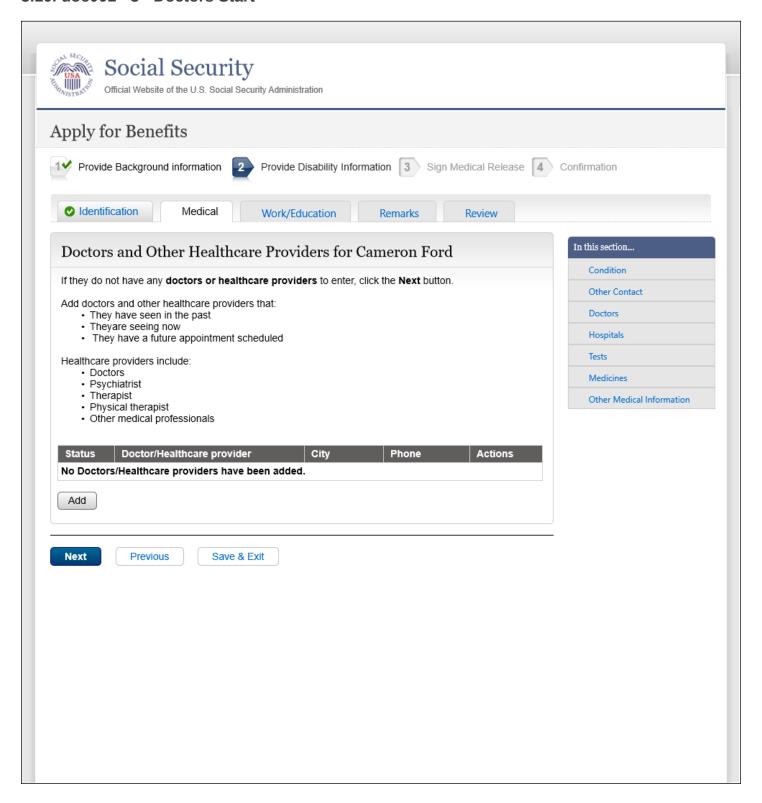
3.8. con001 - 3 - Other contact



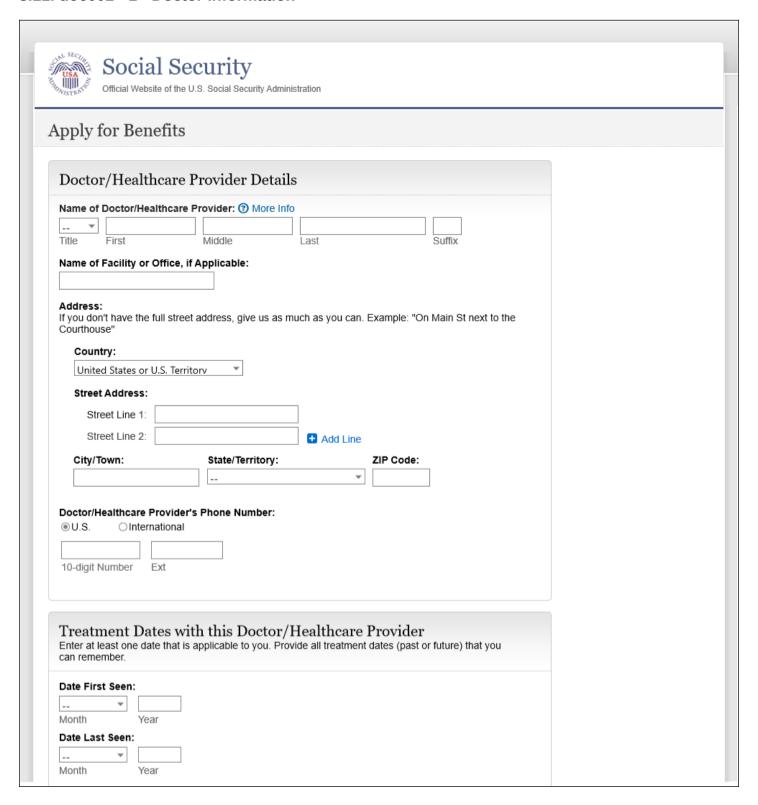
3.9. doc001 - 1 - Doctors Start

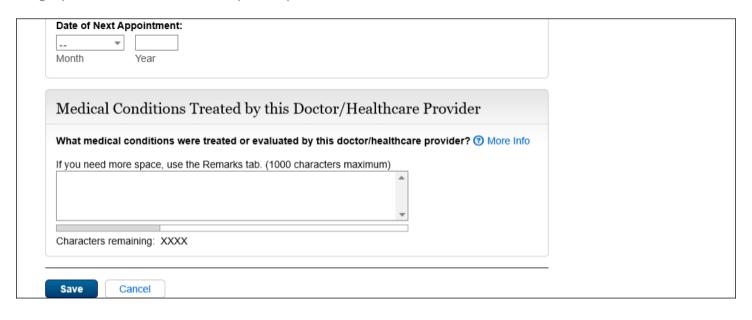


3.10. doc001 - 3 - Doctors Start



3.11. doc002 - 1 - Doctor Information





3.12. More Info - Name of Health Care Provider

Name of Healthcare Provider



Last reviewed or modified 01/02/2024

We need the names of physicians, psychiatrists, nurse practitioners, therapists, physical therapists, or other medical professionasl who treated you. You can check your medical bills, online medical chart, the internet, or on your current medicine containers for doctors' names.

If you do not know your doctor's or healthcare provider's first name, you may give us only the last name.

Examples:

- · Dr. Page
- · Ms. Butler
- · Dr. Joe Camp Jr.

If you go to a clinic and do not see the same doctor everytime, you may give us only the names of the clinic.

Examples:

- · Sherwood Mental Health Clinic
- · Lovett Center for the Blind

Close

3.13. More Info - conditions

Medical Conditions

Last reviewed or modified 03/19/2019

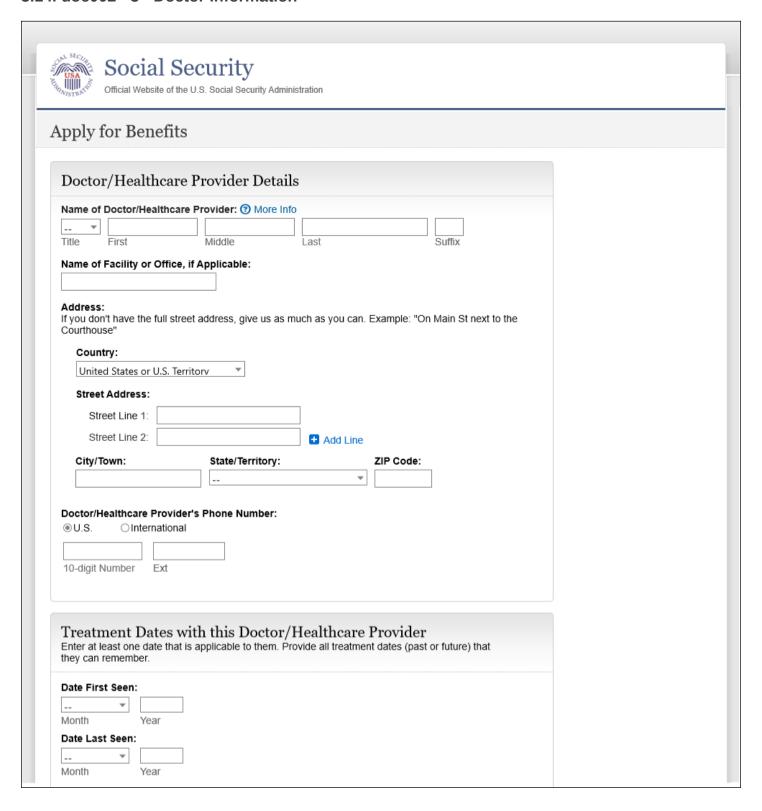


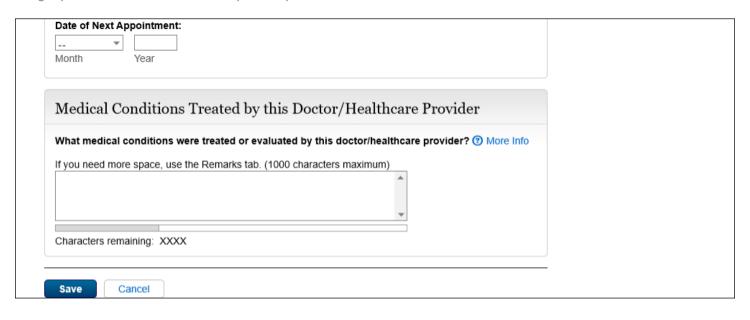
The following list includes examples of some common medical conditions:

- · Back Injury
- Arthritis
- Diabetes
- Glaucoma
- Depression
- Blind

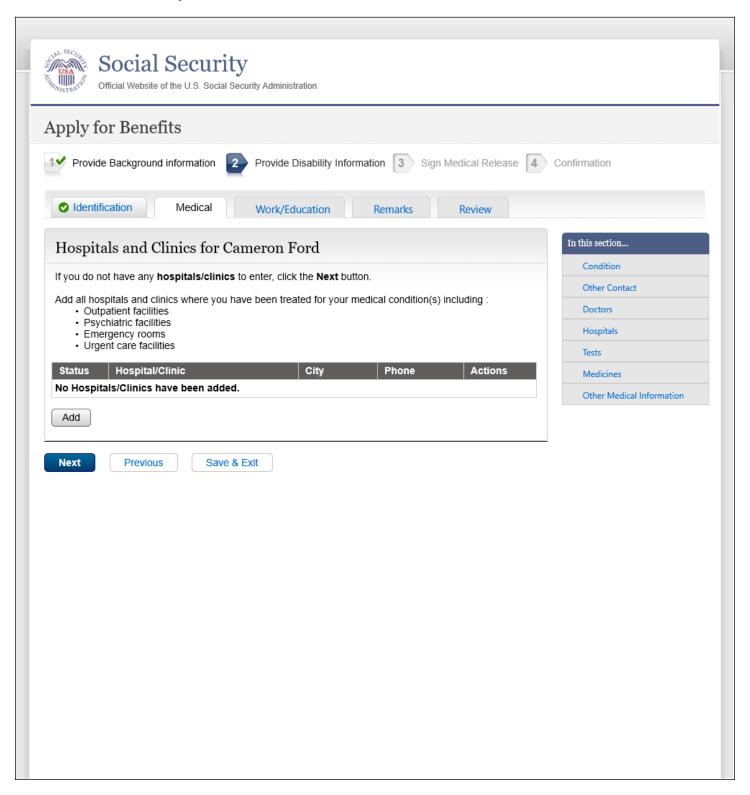
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3.14. doc002 - 3 - Doctor Information

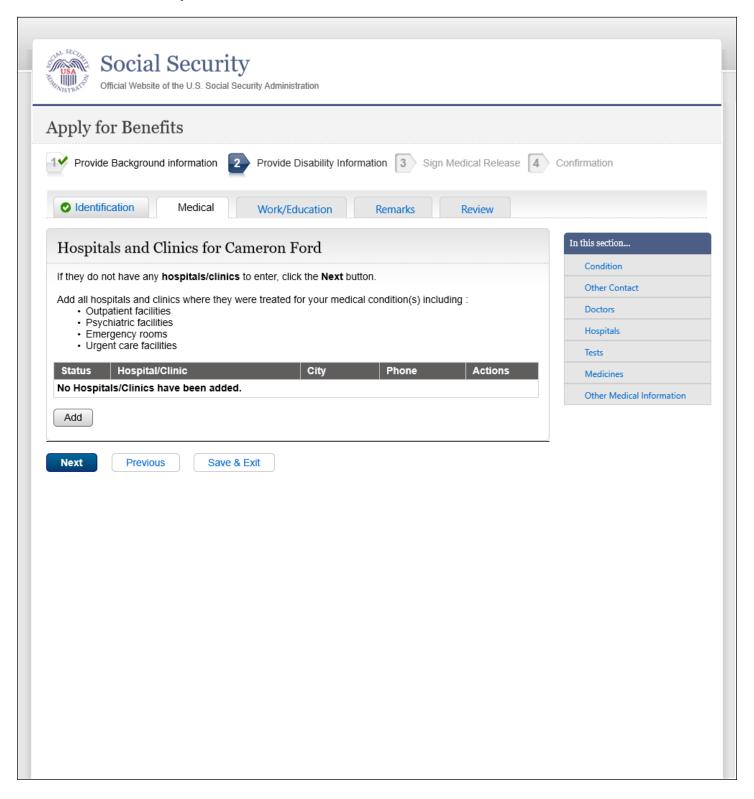




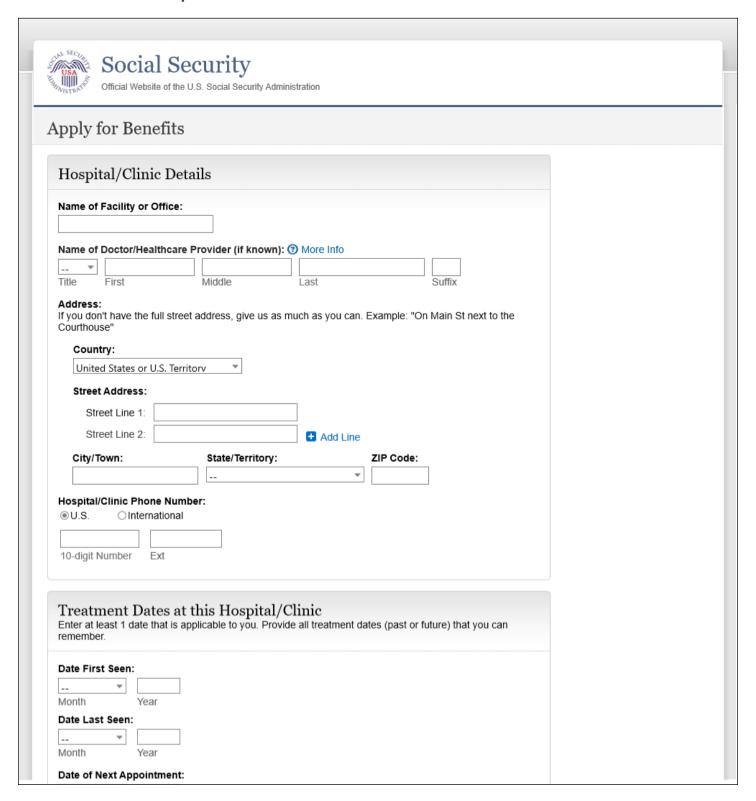
3.15. hos001 - 1 - Hospitals

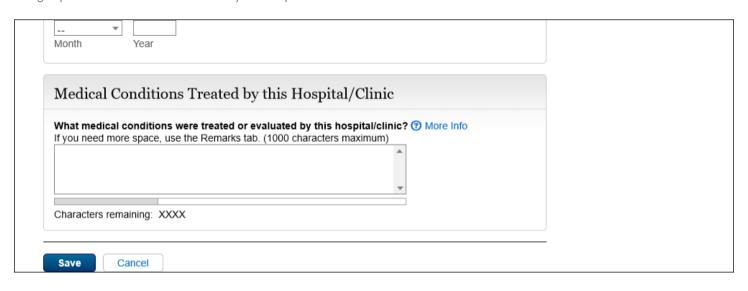


3.16. hos001 - 3 - Hospitals



3.17. hos002 - 1 - Hospital Information





3.18. More Info - Name of Health Care Provider-facility

Name of Healthcare Provider



Last reviewed or modified 01/02/2024

We need the names of physicians, psychiatrists, nurse practitioners, therapists, physical therapists, or other medical professionasl who treated you. You can check your medical bills, online medical chart, the internet, or on your current medicine containers for doctors' names.

If you do not know your doctor's or healthcare provider's first name, you may give us only the last name.

Examples:

- Dr. Page
- · Ms. Butler
- · Dr. Joe Camp Jr.

Close

3.19. More Info - treatments

Medical Conditions

Last reviewed or modified 03/19/2019

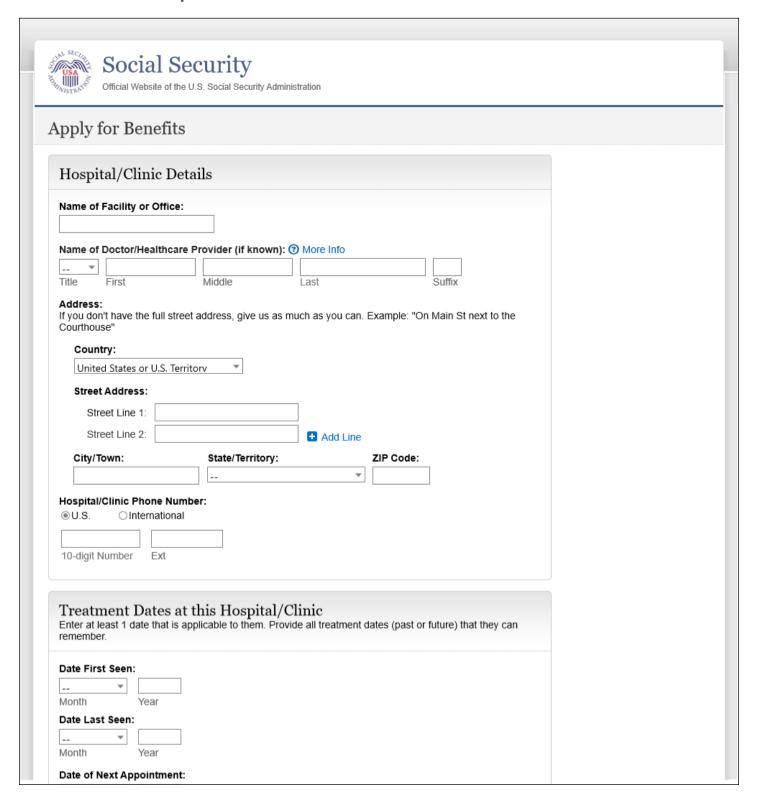


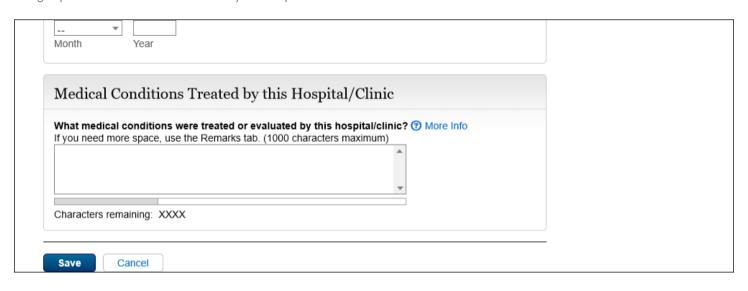
Examples of treatment include:

- Examinations
- · Regular evaluations
- Check-ups
- Physical therapy
- Chemotherapy
- · Counseling

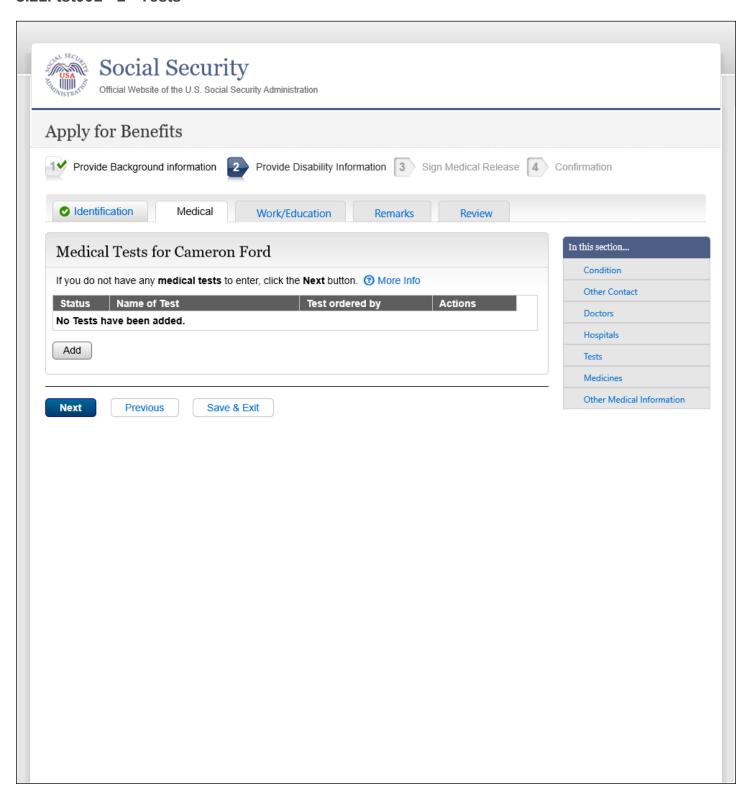
Close

3.20. hos002 - 3 - hospital information





3.21. tst001 - 1 - Tests



3.22. More Info - Tests

Medical Tests

Last reviewed or modified 03/19/2019



The following list includes descriptions of some standard medical tests you have had or will have.

Note: You also need to tell us about any medical tests you have had, or will have, that are not on the list.

Biopsy

A biopsy is the removal of a small piece of tissue for laboratory examination. This test is usually done to see if disease is present.

Blood Test (Not HIV)

A technician draws a blood sample to test for abnormalities.

Blood Test - HIV or AIDS test

A technician draws a blood sample to test for the presence of the Human Immunodeficiency Virus (HIV) or the Acquired Immune Deficiency Syndrome (AIDS).

Breathing Test, also known as a Lung or Pulmonary Function Test

The patient breathes into a mouthpiece to measure the amount and speed of breathing over a period of time. The patient may also be asked to exhale as long and as hard as possible.

Cardiac Catheterization

A doctor passes a thin flexible tube (catheter) into the heart, usually from the groin or arm. This test is done to get information about the heart or its blood vessels. It may also be used to determine the need for heart surgery.

EEG (Electroencephalography), also known as a Brain Wave Test

The patient sits or lies down with flat metal disks attached to the scalp. The disks are attached by wires to a machine that shows wavy lines on a chart. This test detects problems in the electrical activity of the brain.

EKG (Electrocardiogram) Heart Test, also known as an ECG

The patient sits, stands or lies down with small wire patches attached to the skin. The wires are attached to a machine that shows wavy lines on a chart. This test detects some heart problems.

Hearing Test, also known as an Audiogram

The patient wears earphones while a specialist plays different tones that are delivered to one ear at a time.

Psychological/IQ Tests (Intelligence Quotient)

The individual performs a series of short tasks that require either a written or a spoken response. The tasks measure a person's ability to remember, understand information, and solve problems.

MRI/ CT (CAT) Scan

The patient lies still on a table while it slowly passes through the center of a large machine. Some of the machines make a lot of noise. The machine makes images parts inside the body. These images show soft tissue, internal organs, and blood vessels far better than an X-ray.

Speech / Language Test

The patient is evaluated for a communication disorder. This may include listening, talking, reading, and writing, as well as an evaluation of the face, mouth, and tongue movements.

Treadmill (Exercise Test), also known as a Stress Test

The patient walks or pedals on an exercise machine while the electrical activity of the heart is measured with an electrocardiogram (ECG), and blood pressure readings are taken. This test measures the heart's reaction to the body's increased need for oxygen.

Vision Test, also known as an Eye Examination

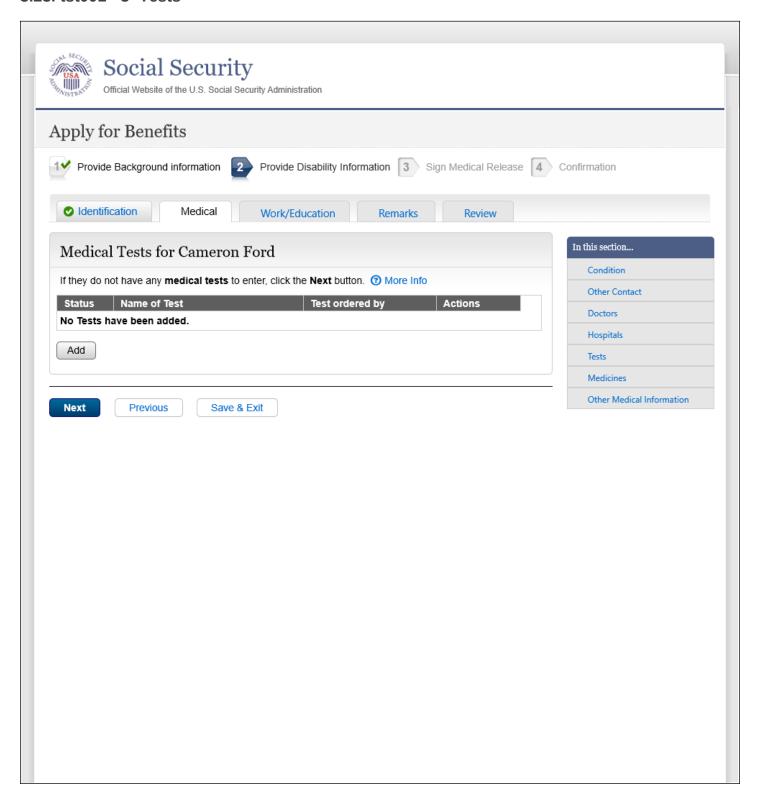
The patient reads letters or looks at symbols of different sizes on an eye chart or handheld card. Other devices test the eye's reaction to light, eye movement, and side (peripheral) vision. This test measures the eye's ability to see details.

X-Ray

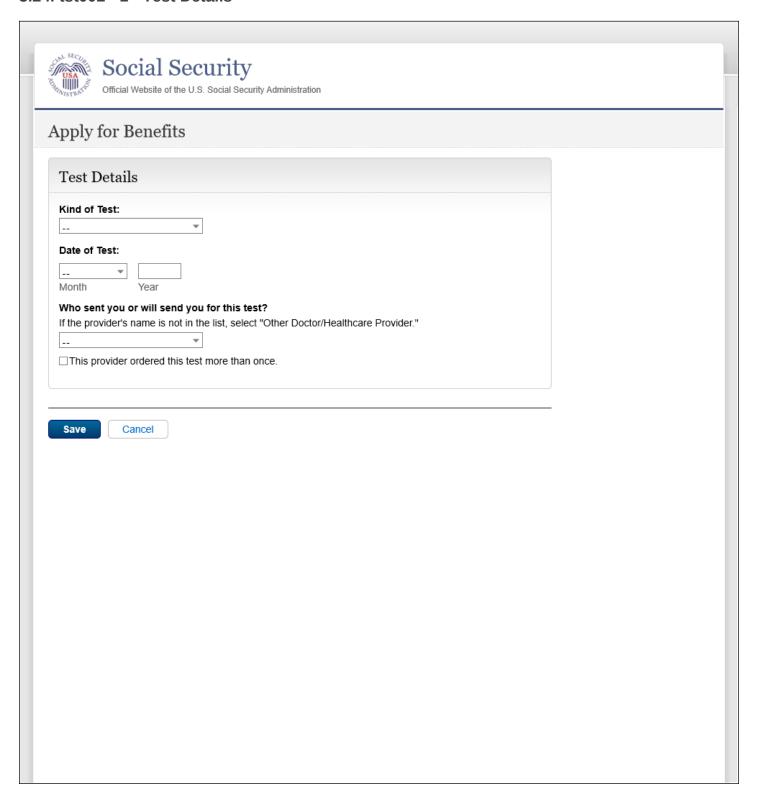
The patient stands on the floor, or lies or sits on a table in an X-ray room. A technician positions the body to give the best X-ray view, and points the machine's tube at the correct body area. The X-ray machine makes images of bones and organs inside the body. X-rays are used for many purposes, including determining if a bone is broken, seeing whether an internal organ is infected, and looking for cancer.

Close

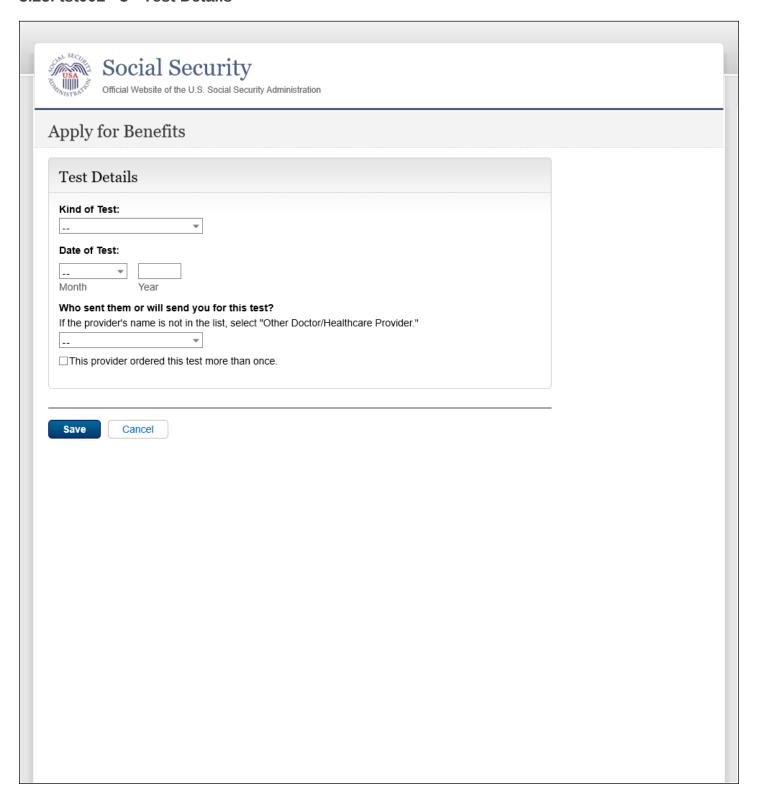
3.23. tst001 - 3 -Tests



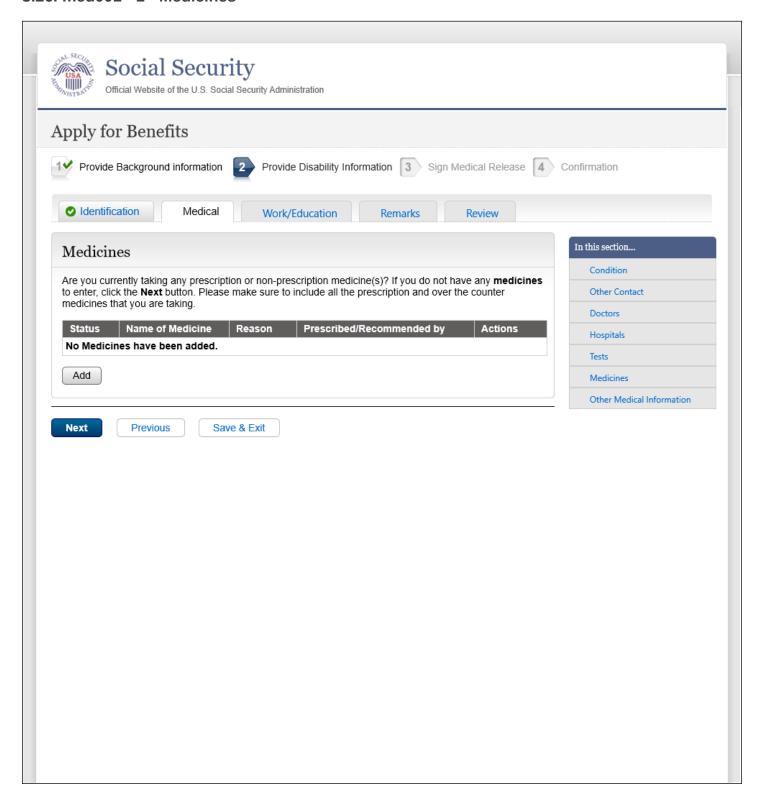
3.24. tst002 - 1 - Test Details



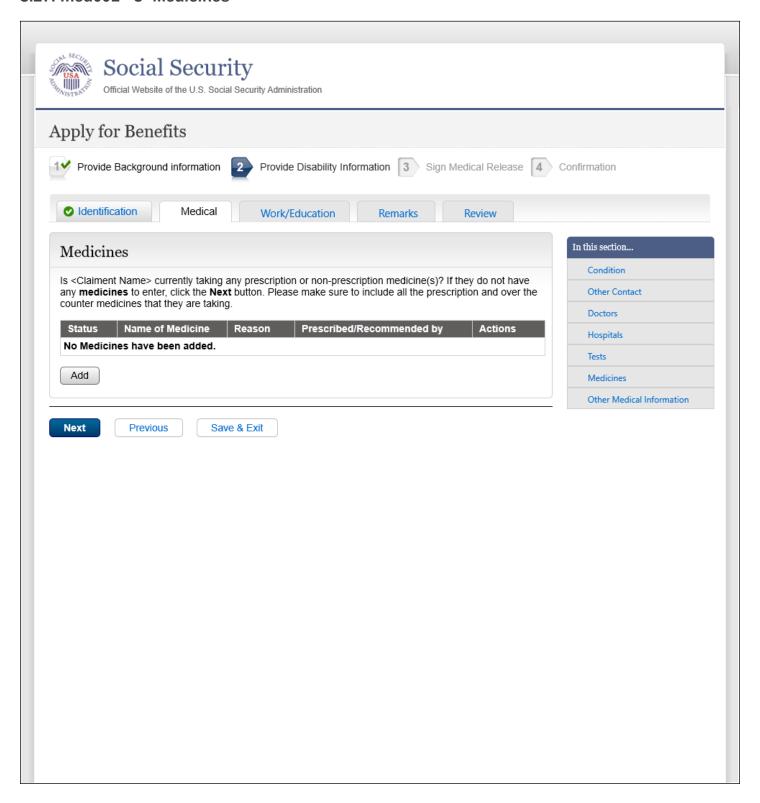
3.25. tst002 - 3 - Test Details



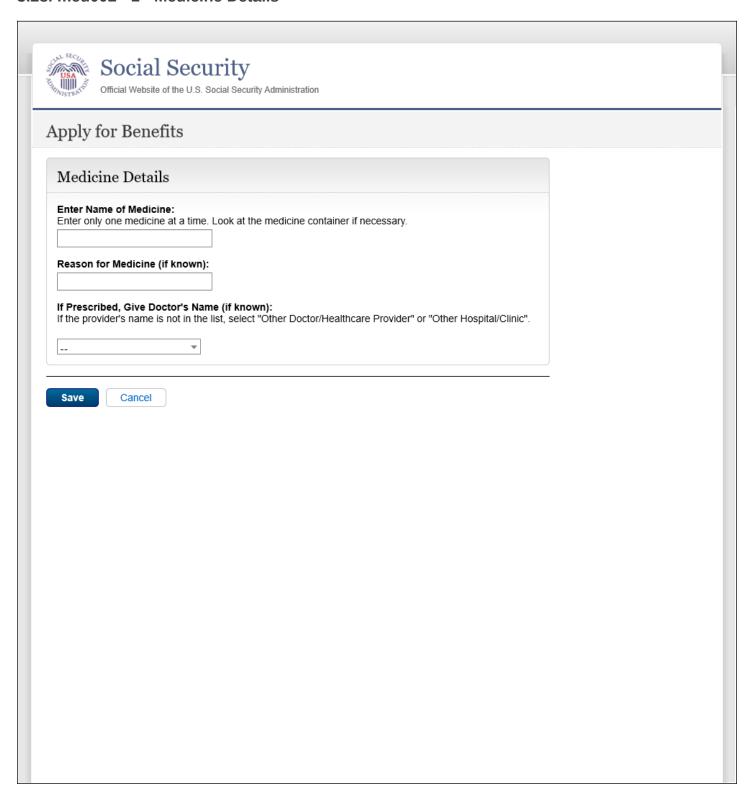
3.26. med001 - 1 - Medicines



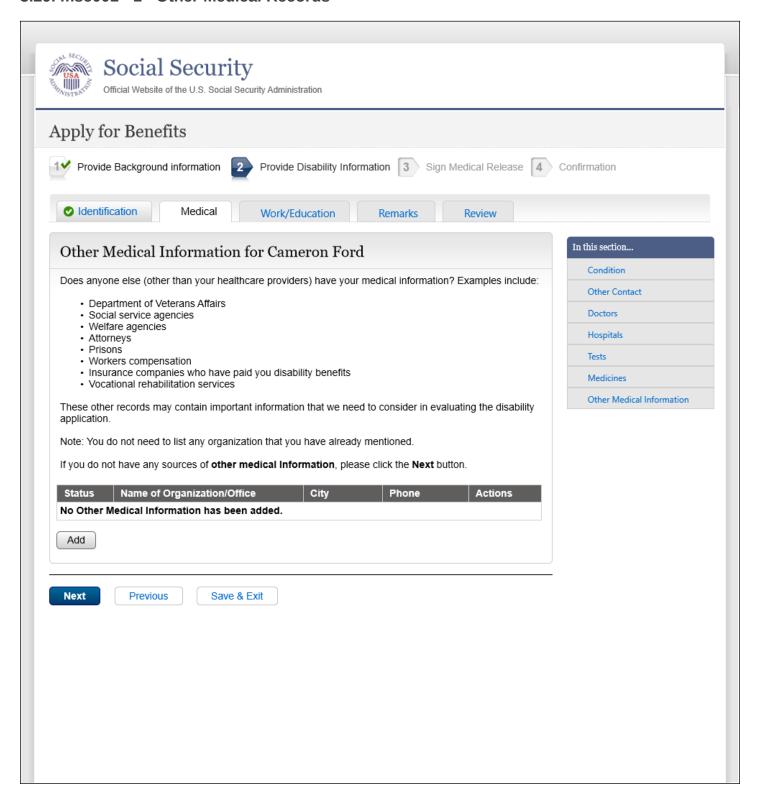
3.27. med001 - 3 - Medicines



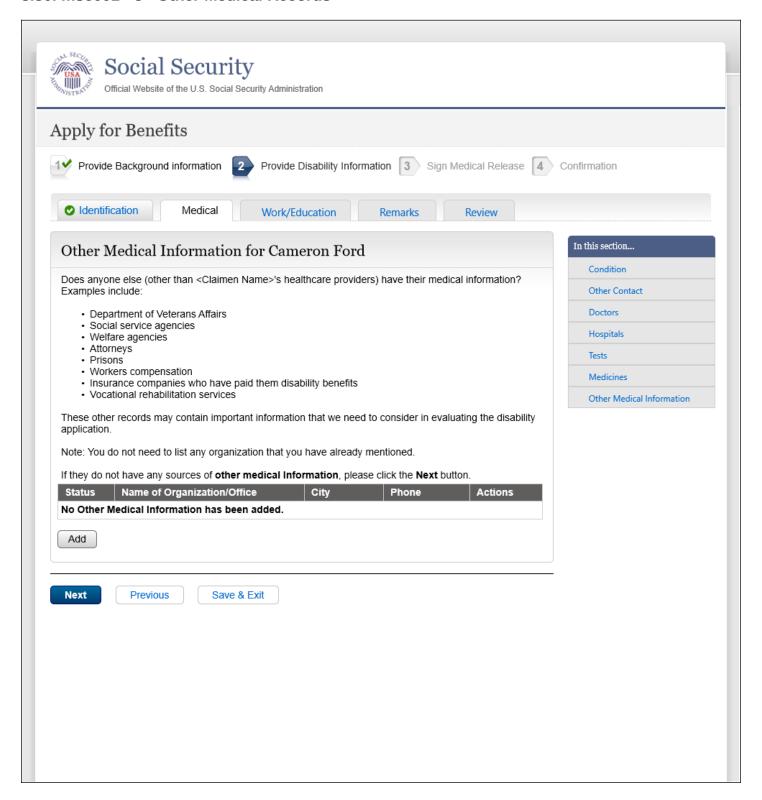
3.28. med002 - 1 - Medicine Details



3.29. msc001 - 1 - Other Medical Records



3.30. msc001 - 3 - Other Medical Records



3.31. msc002 - 1 - Other Med Recs Details



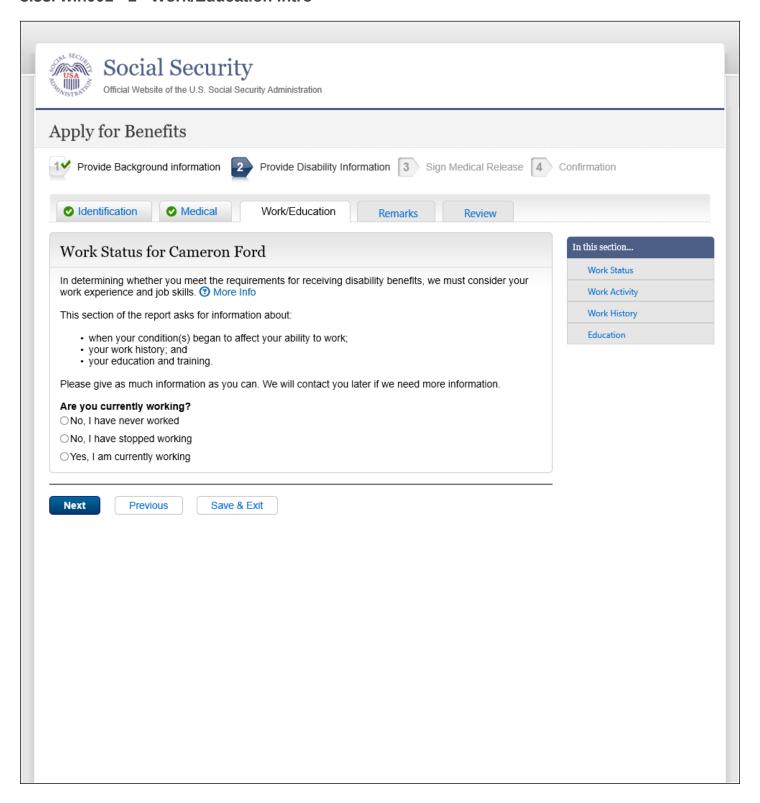
Reason(s) for Cor					
if you need more s	pace, continue in the Rem	narks tab. (1000 cha	racters maximum)		
			_		
			~		
Characters remain	ng: XXXX				

3.32. msc002 - 3 - Other Med Recs Details



Reason(s) for C					
If you need more	space, continue in the Re	marks tab. (1000 cl	naracters maximum)		
			•		
			~		
Characters rema	ining: VVVV				
Characters rema	ining. AAAA				

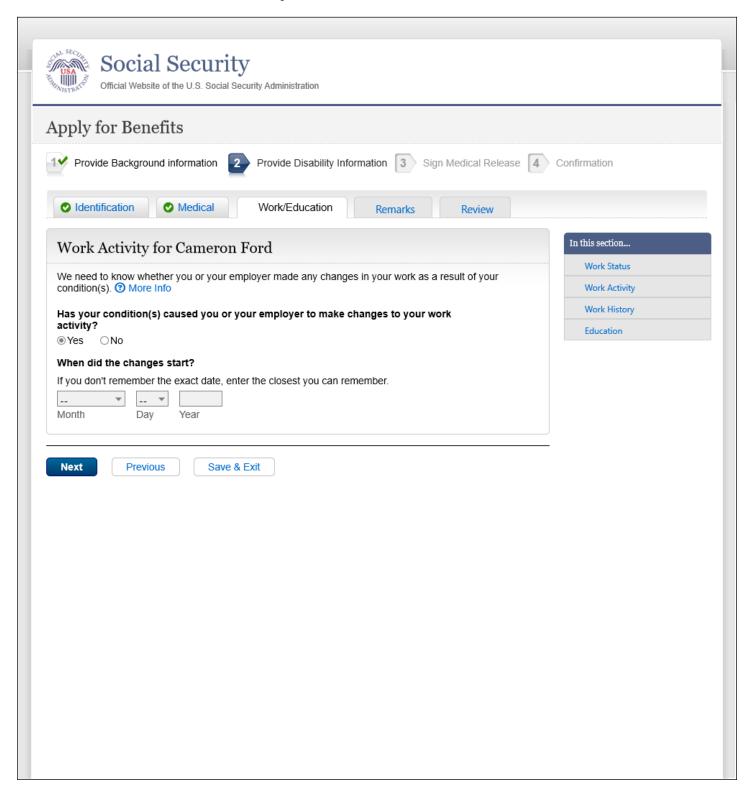
3.33. win001 - 1 - Work/Education Intro



3.34. win001 - 3 - Work/Education Intro



3.35. wac001 - 1 - cw - Work Activity



3.36. More Info - work changes

Changes in Work Activity

Last reviewed or modified 03/19/2019



Sometimes mental and physical conditions cause people to make changes in their work activity before they stop working. Examples changes include:

- · Job duties
- Hours
- · Rate of pay

Close

3.37. More Info - work stop reasons

Reasons for Stopping Work

Last reviewed or modified 03/19/2019

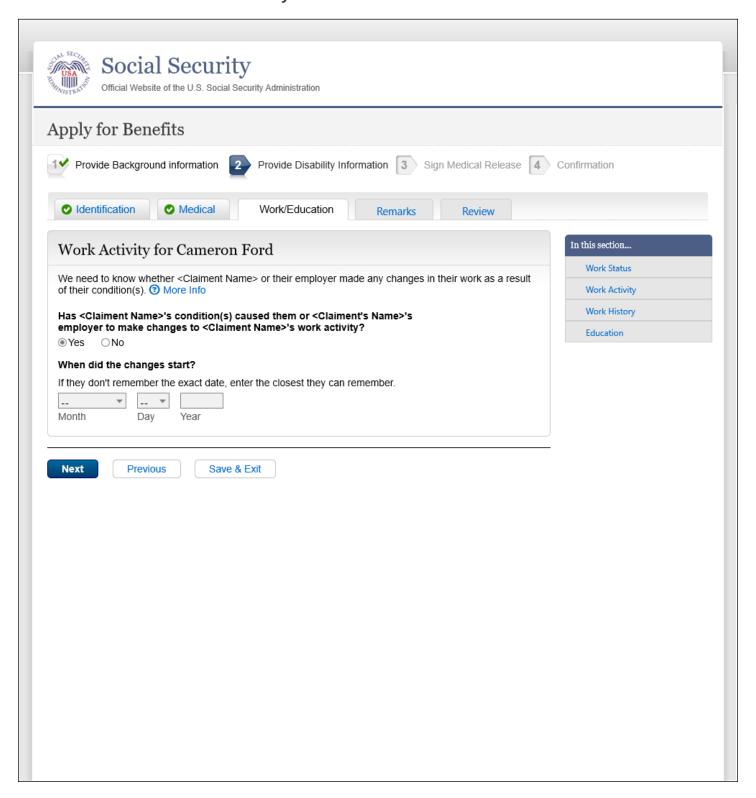


Examples include:

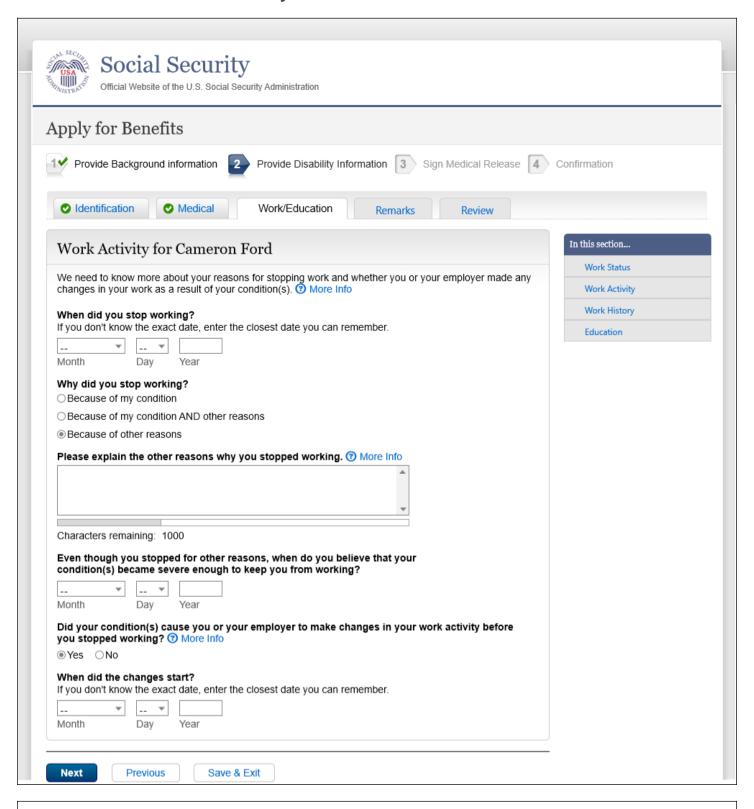
- · Laid off
- · Early retirement
- · Seasonal work ended
- · Business closed

Close

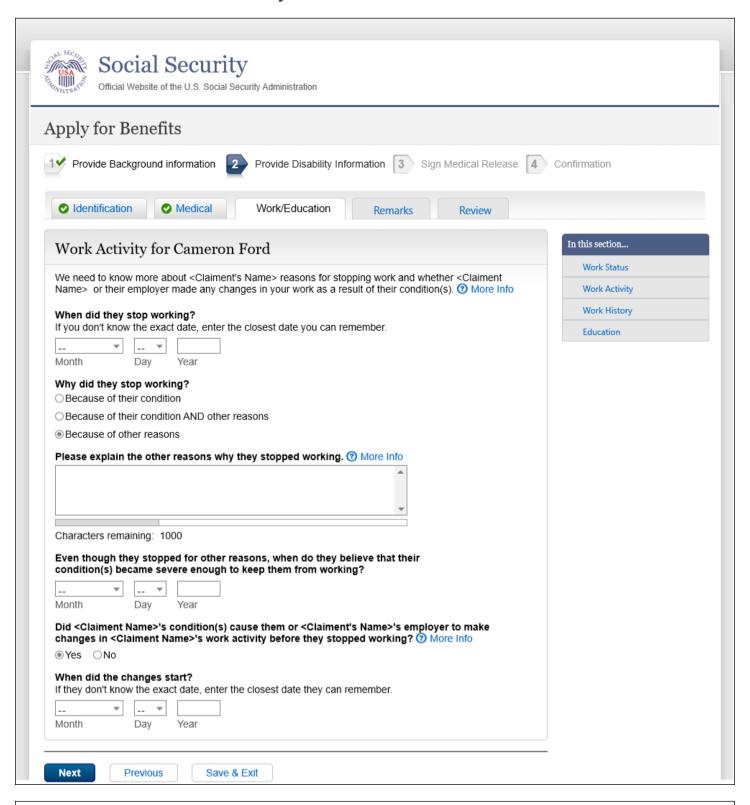
3.38. wac001 - 3 - cw - Work Activity



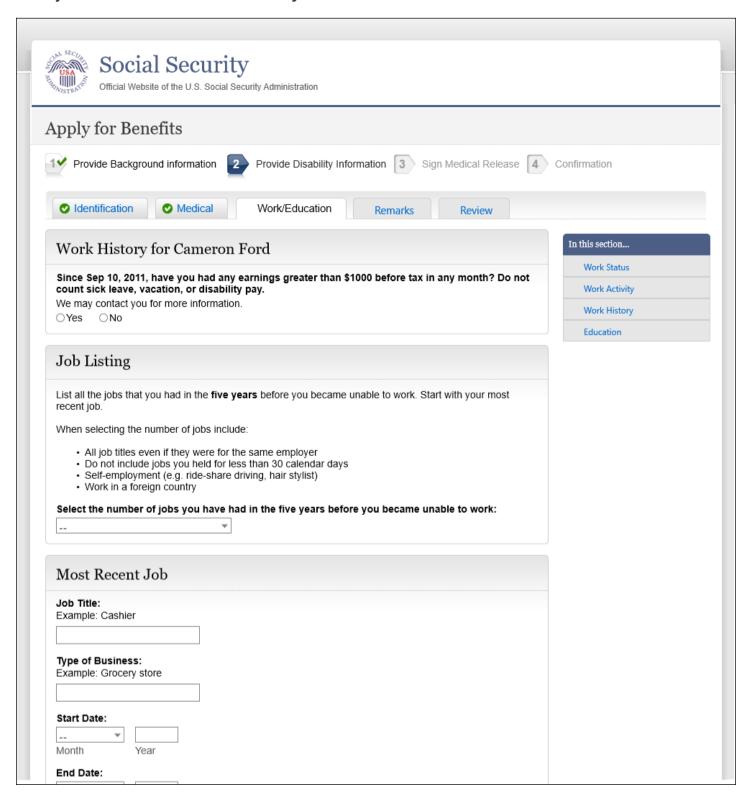
3.39. wac001 - 1 - sw - Work Activity



3.40. wac001 - 3 - sw - Work Activity



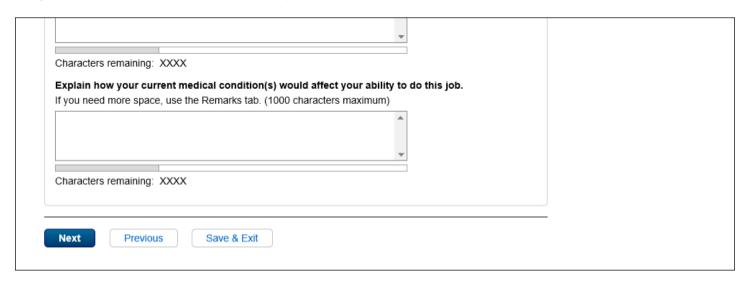
3.41. job001 - 1 - cw&sw - Job History



▼	
Month Year	
Hours per Day:	
0 🔻	
Hours Minutes	
Days per Week:	
Rate of Pay:	
<u> </u>	v
Amount Frequency	
Job Details	
In a feminal way and a second beauty and a sec	
In a typical workday, about how many hours were The hours/minutes for standing, walking, and sitting sl	you on your feet or seated? nould equal the hours per day reported for this job. Do
not include breaks and lunch.	
Did you stand and walk (combined)?	How long did you stand and walk (combined)?
○Yes ○No	0 🔻
	Hours Minutes
Did you sit?	How long did you sit?
○Yes ○No	0 •
	Hours Minutes
In a typical workday, did you do any of these tasks how long did you do it?	at your most recent job? If so,
The hours/minutes for these tasks should not exceed	the hours per day reported for this job. This
information tells us about the physical and mental requ	uirements of your job.
Did you stoop (i.e., bending down & forward at	How long did you stoop?
the waist)? Yes No	0 🔻 0 🔻
0100	Hours Minutes
Did you kneel (i.e., bending legs to rest on	How long did you kneel?
knees)? Yes No	0 •
O ICS ONO	Hours Minutes
Did you crouch (i.e., bending legs & back down &	How long did you crouch?
forward)? OYes ONo	0 🔻 0
0103	Hours Minutes
Did you crawl (i.e., moving on hands & knees)?	How long did you crawl?
○Yes ○No	0 •
	Hours Minutes
Did you use fingers to touch, pick, or pinch (e.g.,	How long did you use fingers to touch, pick or
using a mouse, keyboard, turning pages, or buttoning a shirt)?	pinch?
	0 🔻 0 🔻
One Hand ○Both Hands ○No	1.1 · · · · · · · · · · · · · · · · · ·
One Hand OBoth Hands ONo	Hours Minutes

hammer, or water bottle)? One Hand OBoth Hands ONo	0 v 0 v Hours Minutes
Did you reach at or below the shoulder?	How many hours did you reach at or below the
○ One Arm ○ Both Arms ○ No	shoulder?
	O V O V Hours Minutes
Did you reach overhead (above the shoulder)?	How long did you reach overhead?
One Arm OBoth Arms ONo	0 🔻 0 🔻
	Hours Minutes
Did you climb stairs or ramps?	How long did you climb stairs or ramps?
○Yes ○No	0 🔻 0
	Hours Minutes
Did you climb ladders, ropes, or scaffolds? Yes No	How long did you climb ladders, ropes, or scaffolds?
O res ONO	0 🔻 0 🔻
	Hours Minutes
Characters remaining: 1000 In this job, did you do any writing, complete reporters ONO Describe the type of report you wrote and how note the type of report you wrote and how note the type of the Remarks tab. (100)	nuch time you spent on it per workday or workweek.
	¥
Characters remaining: 1000	
In this job, did you supervise other people in this	s job?
Describe who and what you supervised and wha	
	*
Characters remaining: XXXX	
In this job, did you use machines, tools, or equip	oment?
List the machines, tools, and equipment you use what you used them for. 😯 More Info	d regularly when doing this job and explain

f you need more spac	e, use the Remarks tab. (1000 characters maximum)
	<u> </u>
	▼
	Name -
Characters remaining:	XXXX
In this job, did you in	teract with coworkers, the general public, or anyone else?
○Yes ○No	
	eracted with, the purpose of the interaction, how you interacted, and
	e, use the Remarks tab. (1000 characters maximum)
ii you need more spac	s, use the Remarks tab. (1000 characters maximum)
Characters remaining:	XXXX
Tall ab at liftim a	and assessing in this into Populain what you lifted have for your consist it and have
often you did it in a t	nd carrying in this job. Explain what you lifted, how far you carried it, and how pical workday.
	e, use the Remarks tab. (1000 characters maximum)
	<u> </u>
	*
Characters remaining:	XXXX
Select the heaviest w	eight lifted:
	▼
Calcat the weight fra	weanthy lifted (i.e. 4/2 to 0/2 of the weakday);
select the weight free	quently lifted (i.e., 1/3 to 2/3 of the workday):
	ou to any of the following?
Check all that apply.	
Outdoors	
Extreme heat (non-v	/eather related)
Extreme cold (non-v	eather related)
Wetness	
☐Humidity	
☐Hazardous substand	es
	parts
☐High, exposed place	s
☐ Heavy vibrations	
Loud noise	
□ Loud noise ✓ Other	osure(s) and how often you were exposed.
□ Loud noise ☑ Other Tell us about the exp	osure(s) and how often you were exposed. e, use the Remarks tab. (1000 characters maximum)



3.42. More Info - Task

Task Description

Last reviewed or modified 12/04/2023



Examples of tasks include:

- Stocking shelvesGreeting customers
- Scheduling appointmentsMaintaining records

Close

3.43. More Info - Supervisor

Supervisor Examples

Last reviewed or modified 12/04/2023



Examples include:

- Evaluating job performanceMaking schedules
- · Maintaining time records

Close

3.44. More Info - Equipment

Equipment Examples

Last reviewed or modified 12/04/2023



Examples include:

- Computer
- Telephone
- Forklift
- Air compressor
- Meat Slicer

Close

3.45. More Info - Interaction

Interaction Examples

Last reviewed or modified 12/04/2023

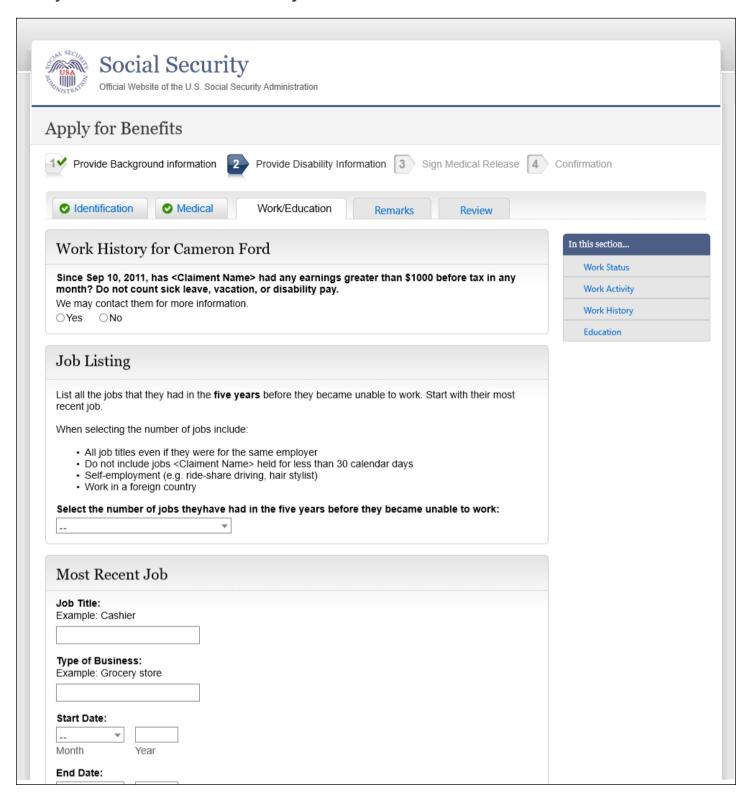


Examples include:

- Answering customer questions on the telephone for 5 hours per day
- · Showing clients sale properties for 4 hours per day

Close

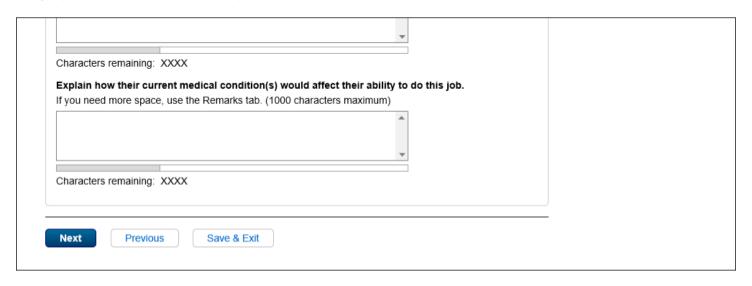
3.46. job001 - 3 - cw&sw - Job History



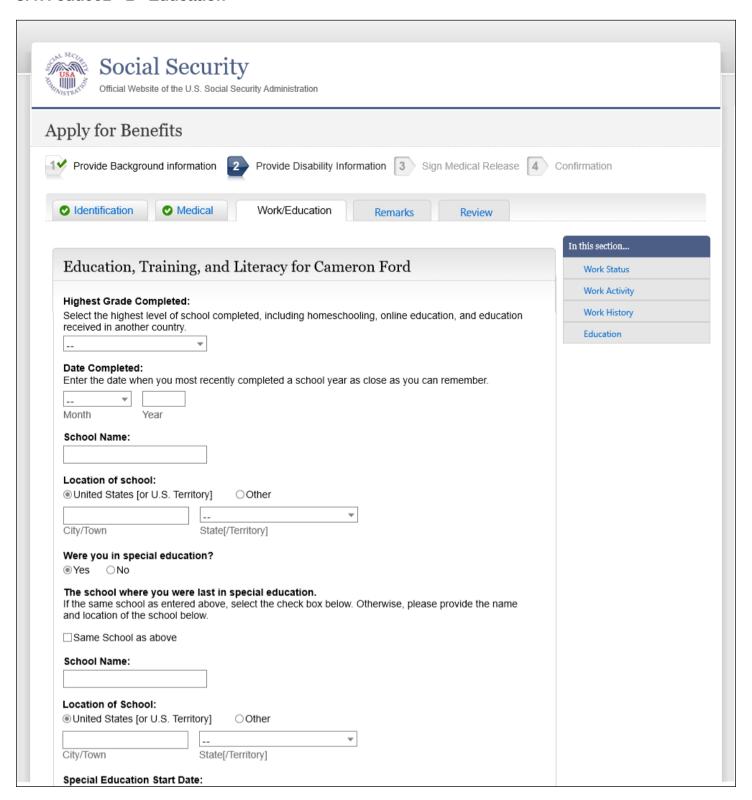
¥	
Month Year	
Hours per Day:	
0 + 0 +	
Hours Minutes	
Days per Week:	
Rate of Pay:	
\$	▼
Amount Frequency	
Job Details	
In a finise I would be a plant have been provided	they are their foot or posted 2
In a typical workday, about how many hours were The hours/minutes for standing, walking, and sitting s	hould equal the hours per day reported for this job. Do
not include breaks and lunch.	
Did they stand and walk (combined)?	How long did theystand and walk (combined)?
○Yes ○No	0 🔻 0 🔻
	Hours Minutes
Did they sit?	How long did they sit?
○Yes ○No	0 • 0 •
	Hours Minutes
In a typical workday, did they do any of these task	s at their most recent job? If so,
how long did you do it? The hours/minutes for these tasks should not exceed	the hours per day reported for this job. This
information tells us about the physical and mental rec	uirements of their job.
Did they stoop (i.e., bending down & forward at	How long did they stoop?
the waist)?	0 🔻
○Yes ○No	Hours Minutes
Did they kneel (i.e., bending legs to rest on	How long did they kneel?
knees)?	0 + 0 +
○Yes ○No	Hours Minutes
Did they crouch (i.e., bending legs & back down	How long did they crouch?
& forward)?	0 🔻 0 🔻
○Yes ○No	Hours Minutes
Did they crawl (i.e., moving on hands & knees)?	How long did they crawl?
○Yes ○No	0 + 0 +
	Hours Minutes
Did they use fingers to touch, pick, or pinch (e.g.,	How long did they use fingers to touch, pick or
using a mouse, keyboard, turning pages, or	pinch?
buttoning a shirt)? One Hand OBoth Hands ONo	0 🔻 0 🔻
Concrain Countriality City	Hours Minutes
Did they use hands to seize, hold, grasp, or turn	How long did they use hands to hold, grasp, or
(e.g., holding a large envelope, a small box, a	turn?

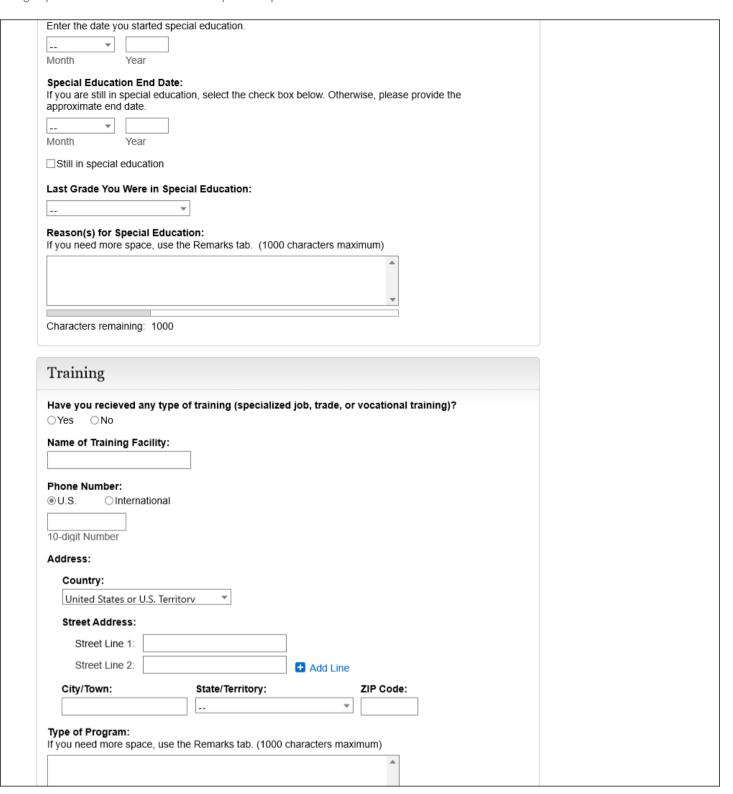
hammer, or water bottle)?	0 🔻 0 🔻
○One Hand ○Both Hands ○No	Hours Minutes
Did they reach at or below the shoulder?	How many hours did they reach at or below the
One Arm OBoth Arms ONo	shoulder?
	Hours Minutes
Did they reach overhead (above the shoulder)?	How long did they reach overhead?
○One Arm ○Both Arms ○No	0 🔻 0 🔻
	Hours Minutes
Did they climb stairs or ramps?	How long did they climb stairs or ramps?
○Yes ○No	0 🔻 0 🔻
	Hours Minutes
Did they climb ladders, ropes, or scaffolds? Yes No	How long did they climb ladders, ropes, or scaffolds?
O res O NO	0 🔻 0 🔻
	Hours Minutes
	▼
Characters remaining: 1000	
In this job, did they do any writing, complete rep Yes No Describe the type of report they wrote and how r If you need more space, use the Remarks tab. (1000)	nuch time they spent on it per workday or workweek.
The first the space, and the remaine tab. (1904)	
	<u> </u>
Characters remaining: 1000	
In this job, did they supervise other people in thi Yes No	s job?
Describe who and what they supervised and what fyou need more space, use the Remarks tab. (1000)	
	•
Characters remaining: VVVV	
Characters remaining: XXXX	
In this job, did they use machines, tools, or equipores ONO	pment?
List the machines, tools, and equipment they use	

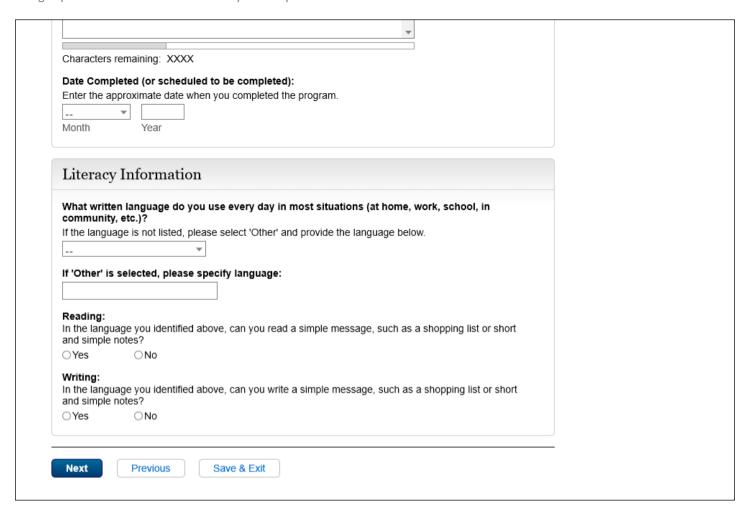
If you need more spa	ace, use the Remarks tab. (1000 characters maximum)
	A
	•
Characters remainin	g: XXXX
In this ioh did they	interact with coworkers, the general public, or anyone else?
○Yes ○No	The second secon
D	i-44-di4b. 4b
how much time the	interacted with, the purpose of the interaction, how they interacted, and y spent doing it per workday or workweek. ③ More Info
	ace, use the Remarks tab. (1000 characters maximum)
	A
	•
Characters remainin	g: XXXX
Tell us about lifting	and carrying in this job. Explain what they lifted, how far they carried it, and how a typical workday.
	ace, use the Remarks tab. (1000 characters maximum)
	A
	•
Characters remainin	g: XXXX
Select the heaviest	weight lifted:
	▼
Select the weight fi	requently lifted (i.e., 1/3 to 2/3 of the workday):
	<u> </u>
Did this job expose	them to any of the following?
Check all that apply.	
Outdoors	
□ Extreme heat (nor limit of the limit	i-weather related)
☐Extreme cold (nor	-weather related)
□Humidity	
	nces
Moving mechanic	
☐ High, exposed pla	
☐ Heavy vibrations	
☐ Heavy vibrations☐ Loud noise	
☐ Heavy vibrations☐ Loud noise☑ Other	posure(s) and how often they were exposed.
Heavy vibrations Loud noise Other Tell us about the ex	(posure(s) and how often they were exposed. ace, use the Remarks tab. (1000 characters maximum)



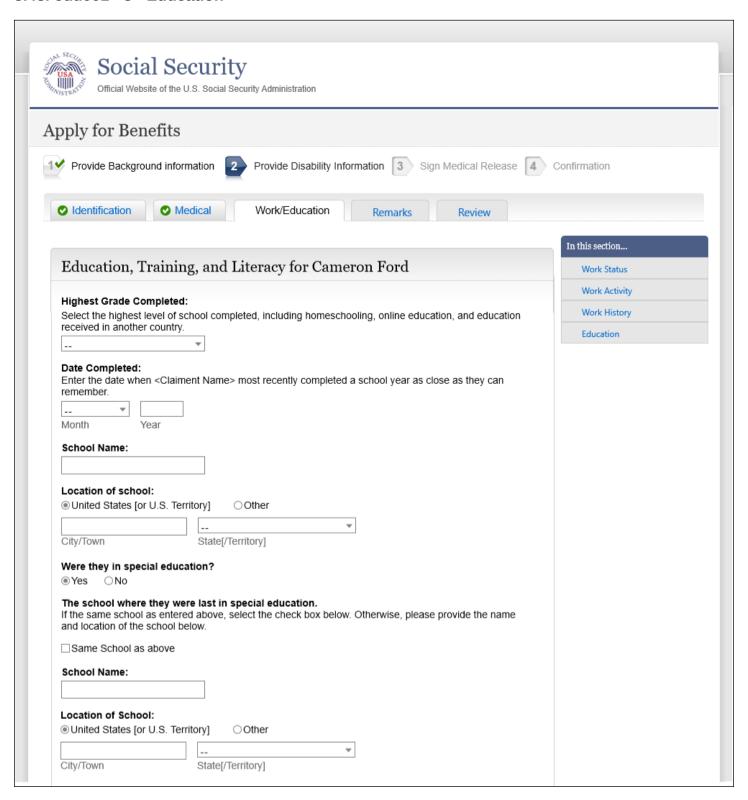
3.47. edu001 - 1 - Education

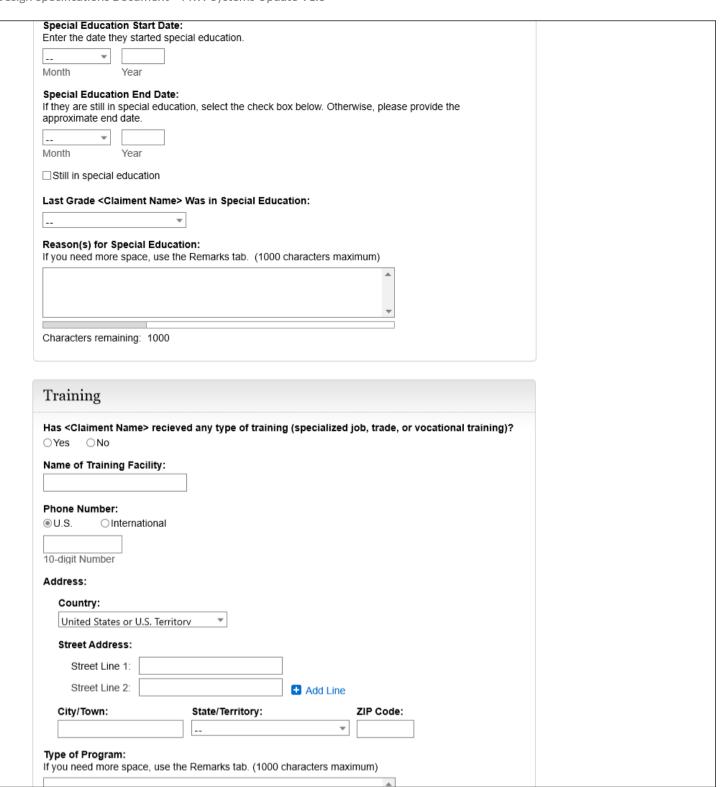


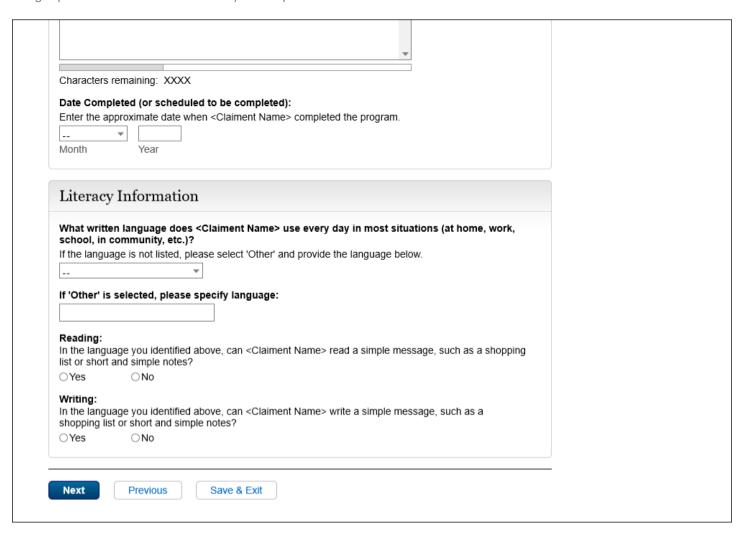




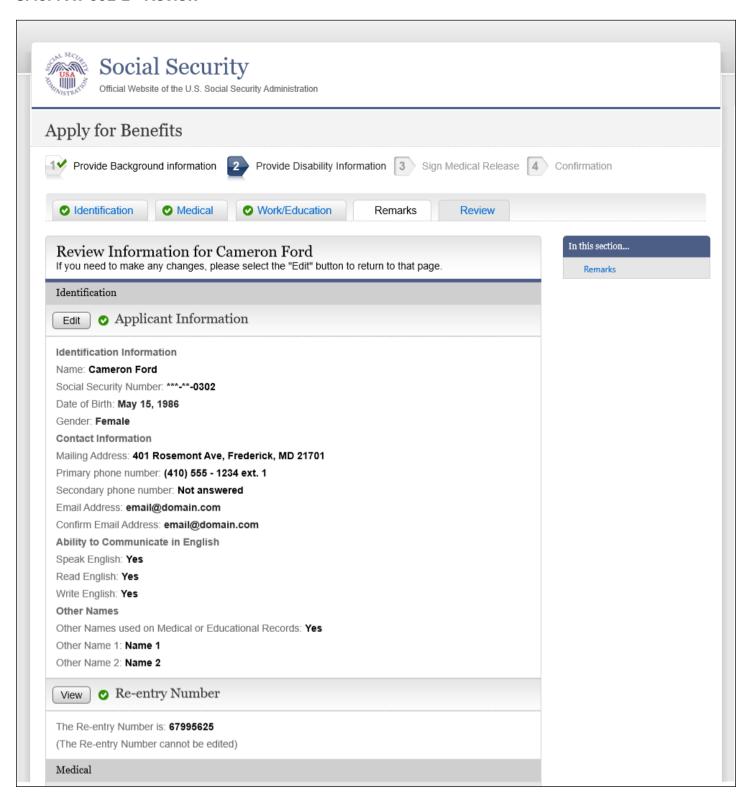
3.48. edu001 - 3 - Education

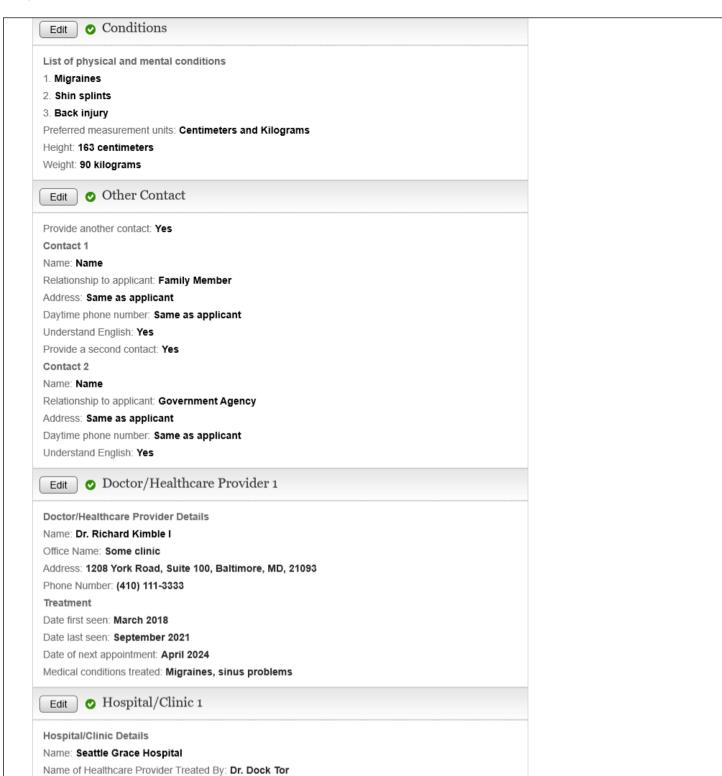


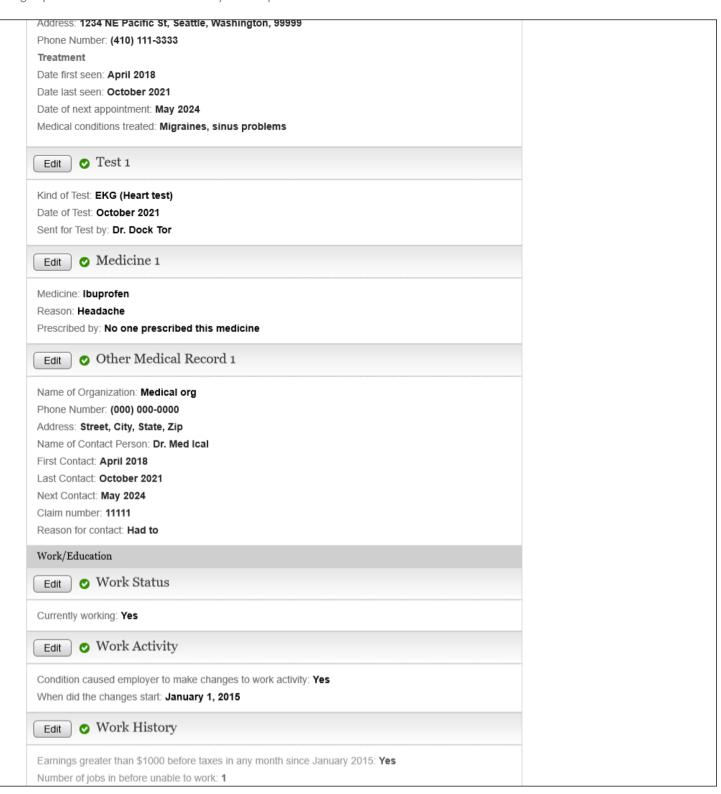




3.49. rvw-001-1 - Review







Most Recent Job

Job Title: Security

Type of Business: Convention Center

Start Date: January 2014 End Date: January 2016

Hours per Day: 9 Hours, 0 mintes

Days per Week: 5 Pay Amount: \$20 Pay Frequency: Hourly

Job Details

Standing and walking (combined): 7 hours, 0 minutes

Sitting: 2 hours, 30 minutes

Stooping: No

Kneeling: 0 hours, 30 minutes

Crouching: No

Crawling: 2 hours, 30 minutes

Using fingers: Both hands, 9 hours, 0 minutes Using hands: One hand, 9 hours, 0 minutes

Reach at or below shoulder: One arm, 9 hours, 0 minutes

Reach overhead: No Climb stairs, or ramps: No

Climb ladders, ropes, or scaffolds: No

Job tasks: Lots of info Writing or reports: Yes

Describe reports: Report descriptions

Supervise others: Yes

Describe Supervision: Tell folks what to do Use machines, tools, or equipment: Yes

Describe the machines, tools, or equipment: Heavy machinery

Interact with others: Yes

Describe interactions: My boss and customers Lifting and carrying description: I did these a lot

Heaviest weight lifted: 10 lbs Weight frequently lifted: 25 lbs Exposures: Wetness, Humidity Exposure descriptions: Went outside

How conditions would affect ability to do this job: Made it way harder



Education

Highest Grade Completed: 12th Grade

Date Completed: May 1, 2000 School Name: Ed Yucation

Location of school: City, State

In special education: Yes

Same school as above: No

Special education school name: Other School Special education school location: City, State Special education school start date: June 1999 Special education school end date: August 1999

Still receiving special education:

Last grade in special education: 11th Grade Reason for special education: I got sent there

Training

Received any type of training: Yes

Name of Training Facility: Training facility name

Phone Number: (000) 000-0000

Mailing Address: Street, City, State, Zip

Type of Program: A good one Date completed: March 2003

Literacy Information

Written language used every day: English If 'Other' is selected, please specify language: Reading language used every day: Yes Writing language used every day: Yes

Remarks & Options

Edit Remarks

The following are your remarks: These are my comments.



You will not be able to change your information once you continue to Step 3.

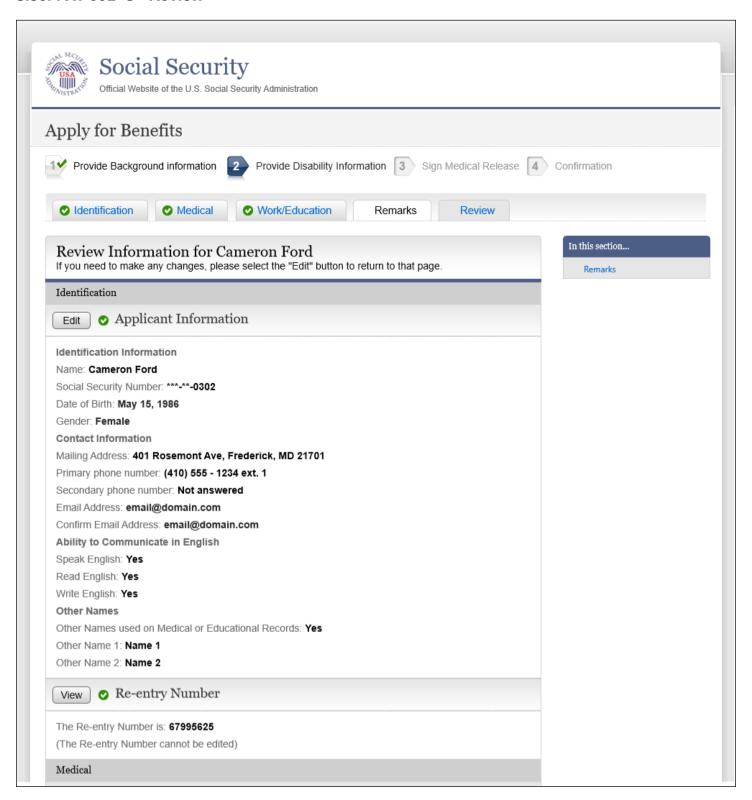
When you select "Accept & Continue to Step 3" below, you will have completed Step 2. Please make sure that everything you provided is correct before you continue to Step 3.

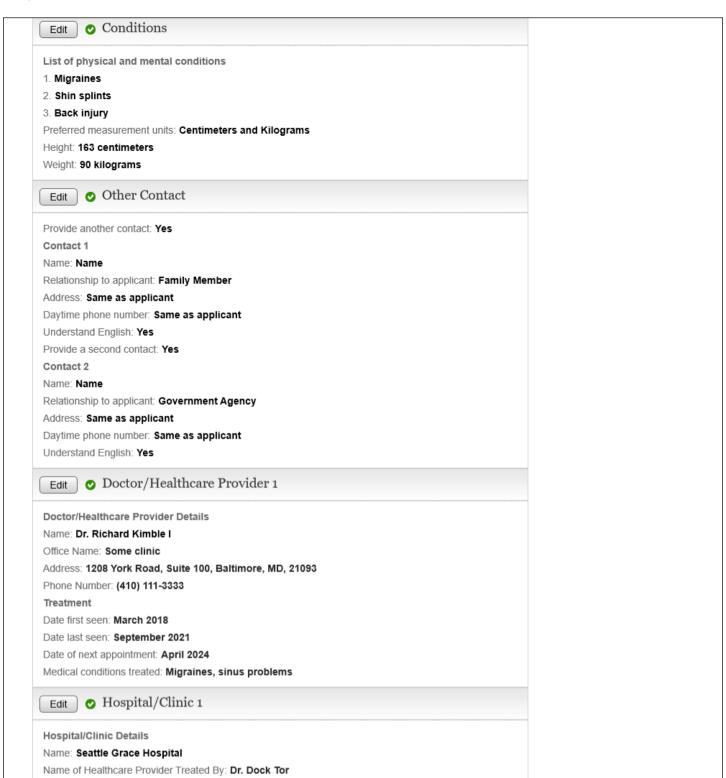
Accept & Continue to Step 3

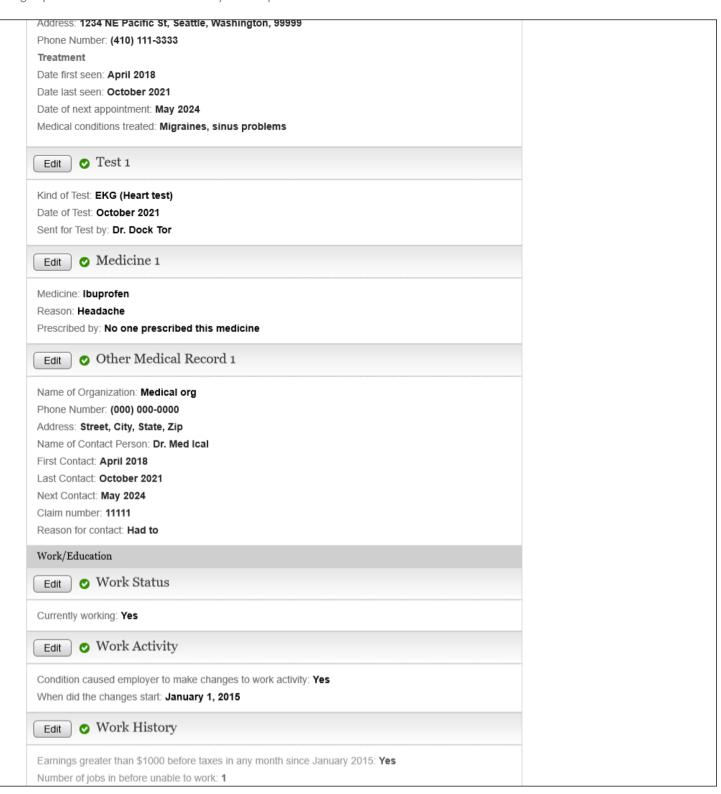
Previous

Save & Exit

3.50. rvw-001- 3 - Review







Most Recent Job

Job Title: Security

Type of Business: Convention Center

Start Date: January 2014 End Date: January 2016

Hours per Day: 9 Hours, 0 mintes

Days per Week: 5 Pay Amount: \$20 Pay Frequency: Hourly

Job Details

Standing and walking (combined): 7 hours, 0 minutes

Sitting: 2 hours, 30 minutes

Stooping: No

Kneeling: 0 hours, 30 minutes

Crouching: No

Crawling: 2 hours, 30 minutes

Using fingers: Both hands, 9 hours, 0 minutes Using hands: One hand, 9 hours, 0 minutes

Reach at or below shoulder: One arm, 9 hours, 0 minutes

Reach overhead: No Climb stairs, or ramps: No

Climb ladders, ropes, or scaffolds: No

Job tasks: Lots of info Writing or reports: Yes

Describe reports: Report descriptions

Supervise others: Yes

Describe Supervision: Tell folks what to do Use machines, tools, or equipment: Yes

Describe the machines, tools, or equipment: Heavy machinery

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Describe interactions: My boss and customers Lifting and carrying description: I did these a lot

Heaviest weight lifted: 10 lbs Weight frequently lifted: 25 lbs Exposures: Wetness, Humidity Exposure descriptions: Went outside

How conditions would affect ability to do this job: Made it way harder



Education

Highest Grade Completed: 12th Grade

Date Completed: May 1, 2000 School Name: Ed Yucation

Location of school: City, State In special education: Yes

Same school as above: No

Special education school name: Other School Special education school location: City, State Special education school start date: June 1999 Special education school end date: August 1999

Still receiving special education:

Last grade in special education: 11th Grade Reason for special education: I got sent there

Training

Received any type of training: Yes

Name of Training Facility: Training facility name

Phone Number: (000) 000-0000

Mailing Address: Street, City, State, Zip

Type of Program: A good one Date completed: March 2003

Literacy Information

Written language used every day: English If 'Other' is selected, please specify language: Reading language used every day: Yes Writing language used every day: Yes

Remarks & Options

Edit Remarks

The following are your remarks: These are my comments.



You will not be able to change <Claiment Name>'s information once you continue to Step 3.

When you select "Accept & Continue to Step 3" below, you will have completed Step 2. Please make sure that everything you provided is correct before you continue to Step 3.

Accept & Continue to Step 3

Previous

Save & Exit

4. Appendix A - UXG Contact Information for Analysts, Developers and Others

For information about any of the content included in this design specifications document, contact the User Experience Group (UXG) Project Lead for this project and/or the appropriate project team member (for some projects a UXG designer may have specialized knowledge of one or more parts of the design).

To ensure a timely response to your inquiry in case of absence, please cc the UXG Team Lead.

Name	Project Role	Email	Phone	Specialized Project Knowledge
	UXG Team Lead			All
	UXG Project Lead			All
	UXG Designer			All
	UXG Designer			All