COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

JOB CLASSIFICATION: Student Volunteer/Intern DEPARTMENT: Board of Supervisors PHYSICAL DEMAND STRENGTH RATING: Sedentary

DATE COMPLETED: 3/25/2022 DIVISION: First District

INSTRUCTIONS TO MEDICAL PROVIDERS COMPLETING THIS FORM:

Please use the "Medical Provider Use Only" columns to the right of each section and the "Medical Provider's Comments & Signature" Section on the signature page to provide work restrictions by indicating whether there is some portion of each function that the employee can perform; designating whether each restriction is temporary or permanent; and, if restriction is temporary, stipulating the expected duration of work restriction(s). To finalize the form, please provide the name of the employee evaluated and additional comments, as appropriate, then sign and date where indicated.

FREQUENCY RATING:

Frequency	Percentage of time per shift	Repetition (# times per shift)	8 Hr Shift	9 Hr Shift	10 Hr Shift	12 Hr Shift
Never/Not Required (N)	n/a	n/a	n/a	n/a	n/a	n/a
Occasionally (O)	1 - 33%	1-100	0 - 2.5	0 - 3	0 - 3.5	0 - 4
Frequently (F)	34 - 66%	100 - 500	2.5 - 5.5	3 - 6	3.5 - 7	4 - 8
Continuously (C)	67 - 100%	500+	5.5 – 8	6 - 9	7 - 10	8 - 12

PART 1 - JOB DUTIES/FUNCTIONS:

A. Job Duty/Function	B. Job	C. Freq	D. Equipment or	E. Specialized	F. Essential or	Medical Provider Use Only: For
	Duty	Rating	tools used to	Expertise, License,	Non- Essential	each job duty/function, indicate
	#		perform (Describe)	Certification Required?		in this column "Can Perform", is
				(Describe)		"Temporarily Restricted" from
						performing, or is "Permanently
						Restricted" from performing.
Support with outreach, build awareness of the show and help	1	С	Computer,			
increase viewership			Windows, office,			
-			Facebook			
Create and publish bilingual Facebook posts leading up to	2	С	Computer,			
the monthly live broadcast on Charla Comunitaria Sonoma			Windows, office,			
Facebook page			Facebook			
Come up with Charla Datos y Curiosidades trivia questions	3	С	Computer,			
as promotional elements and prepare power point			Windows, office,			
			Facebook			
Provide support with facilitator script and resources lists	4	С	Computer,			
			Windows, office,			
			Facebook			
Support management of past and future topics list and	5	С	Computer,			
provide suggestions for upcoming topics and panelists			Windows, office,			
			Facebook			

A. Job Duty/Function	B. Job	C. Freq	D. Equipment or	E. Specialized	F. Essential or	Medical Provider Use Only: For
	Duty	Rating	tools used to	Expertise, License,	Non- Essential	each job duty/function, indicate
	#		perform (Describe)	Certification Required?		in this column "Can Perform", is
				(Describe)		"Temporarily Restricted" from
						performing, or is "Permanently
						Restricted" from performing.
Distribute flyers and promote upcoming episodes	6	С	Computer,			
			Windows, office,			
			Facebook			
Develop monthly reports with viewarship numbers and other	7	С	Computer,			
Develop monthly reports with viewership numbers and other			Windows, office,			
relevant data			Facebook			

PART 2: PHYSICAL DEMANDS

Activity Duties/Functions Never, Occasional; Can Temporally Permanently Restricted 1 Sitting 1-7 F Image: Constant Perform Restricted 2 Walking 1-7 O Image: Constant Perform Restricted 3 Running N Image: Constant Perform Restricted Image: Constant Perform 4 Standing 1-7 O Image: Constant Perform Restricted 5 Bending-Neck 1-7 O Image: Constant Perform Restricted 6 Bending-Waist 1-7 O Image: Constant Perform Restricted 9 Kneeling N Image: Constant Perform Restricted Image: Constant Perform 9 Kneeling N Image: Constant Perform Restricted Image: Constant Perform Restricted 10 Crawling Image: Constant Perform Restricted Image: Constant Perform Restricted 11 Twisting (neck) 1-7 O Image: Constant Perform Restricted 12 Twisting (waist) 1-7 F Image: Constant Perform Restricted		Examples of	FREQUENCY RATING	MEDICAL	PROVIDER	USE ONLY:
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3 Running I7 O Image: Constraint of the second sec						
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9 Kneeling N N 10 Crawling N N 11 Twisting (neck) 1-7 O 12 Twisting (waist) 1-7 O 13 Repetitive Hand Use 1-7 F 14 Simple Grasping-Right Hand 1-7 F 15 Simple Grasping-Right Hand 1-7 F 16 Power Grasping-Left Hand 1-7 F 17 Power Grasping-Right Hand 1-7 O 18 Fine Manipulation-Right Hand 1-7 O 19 Fine Manipulation-Right Hand 1-7 O 20 Pushing and Pulling (right hand) 1-7 O 21 Pushing and Pulling (left hand) 1-7 O 22 Reaching (above shoulder level) N 2 23 Reaching (below shoulder level) N 2 24 Lifting-up to 10 lbs. N 2 25 Lifting-11-25 lbs. N 2 26 Lifting 76-100 lbs. N 2 21 Lifting 70-10 lbs. N 2 22 Lifting 10-1 lbs. N 2 23 Reaching (below shoulder level) N 2 24 Lifting	7 Squatting		N			
10 Crawling N Image: Constraint of the second	8 Climbing		N			
11 Twisting (neck) 1-7 O Image: Constraint of the system of the sy	9 Kneeling		Ν			
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34 Carrying 76-100 lbs. N	33 Carrying 51-75 lbs.		N			
	34 Carrying 76-100 lbs.		N			

PART 3: SENSORY REQUIREMENTS

	Examples of	FREQUENCY RATING	MEDICAL	PROVIDER	USE ONLY
	Duties/Functions	Never, Occasional;	Can	Temporarily	Permanently
Activity	Requiring Activity	Frequent, or Constant	Perform	Restricted	Restricted
1 Functional vision, normal or corrected	1-7	С			
2 Functional color vision, normal or corrected	1-7	F			
3 Functional night vision, normal or corrected		N			
4 Functional hearing, normal or corrected	1-7	F			
5 A sense of smell or taste		N			

PART 4: COMPREHENSION LEVEL

	FREQUENCY RATING	MEDICAL	PROVIDER	USE ONLY
	Never, Occasional;	Can	Temporarily	Permanently
Activity	Frequent, or Constant	Perform	Restricted	Restricted
1 Follow Oral Instructions	С			
2 Follow Written Instructions	С			
3 Required to sustain concentration	С			

PART 5: NATURE OF TASKS

	FREQUENCY RATING	MEDICAL	PROVIDER	USE ONLY
	Never, Occasional;	Can	Temporarily	Permanently
Activity	Frequent, or Constant	Perform	Restricted	Restricted
1 Follow set procedures	С			
2 Organize own work	С			
3 Able to ask questions or request assistance when needed	С			
4 Required to make decisions independently	С			
5 Required to train and/or lead other staff	N			
6 Required to direct other staff (e.g. planning, goal setting,	N			
performance)				

PART 6: WORK PACE

	FREQUENCY RATING	MEDICAL	PROVIDER	USE ONLY
	Never, Occasional;	Can	Temporarily	Permanently
Activity	Frequent, or Constant	Perform	Restricted	Restricted
1 Tightly scheduled and rapid pace of work activities at	F			
high volume				
2 Meet time sensitive deadlines	С			
3 Long and/or irregular hours	Ν			
4 Limited/unpredictable opportunity for breaks	Ν			
5 Required to perform on-call or emergency work	Ν			

PART 7: COMPLEXITY/VARIABILITY

	FREQUENCY RATING	MEDICAL	PROVIDER	USE ONLY
	Never, Occasional;	Can	Temporarily	Permanently
Activity	Frequent, or Constant	Perform	Restricted	Restricted
1 Variable and unpredictable workflow	0			
2 Attention divided by issues requiring multi-tasking	0			
3 Work requires precise attention to detail	С			
4 Use of judgment in routine matters	F			
5 Requires use of judgment in adapting procedures from one	F			
task to another				
6 Possible legal ramifications associated with work activities	Ν			
or work product				

PART 8: INTERACTIONS WITH OTHERS

	FREQUENCY RATING	MEDICAL	PROVIDER	USE ONLY
	Never, Occasional;	Can	Temporarily	Permanently
Activity	Frequent, or Constant	Perform	Restricted	Restricted
1 Works with others (e.g., co-workers, other	0			
departments/agencies, public)				
2 Interactions limited to giving/receiving information	С			
3 Interactions exceed giving/receiving information (e.g.,	Ν			
advises, persuades, justifies)				
4 Interactions occur under circumstances of emotional stress	Ν			
5 Risk of confrontation with violent or assaultive clients or	Ν			
customers				

	FREQUENCY RATING	MEDICAL	PROVIDER	USE ONLY
A attivity	Never, Occasional;	Can	Temporarily	Permanently
Activity 1 Work Inside	Frequent, or Constant	Perform	Restricted	Restricted
2 Work Outside	C			
	0			
3 Extreme Heat (above 100 degrees)	N			
4 Extreme Cold (below 32 degrees)	N			
5 Excessive Noise (must raise voice to be heard)	N			
6 Vibration (e.g., jack hammer, hammer drill, chainsaw, etc.)	N			
7 Dust, Vapors, Fumes, Smoke	N			
8 Silica, asbestos, etc.	N			
9 Solvents (e.g., gas, turpentine, etc.)	N			
10 Grease, oils	N			
11 Acidic, Caustic Solutions	N			
12 Pesticides	N			
13 Explosives (e.g., dynamite, bomb, etc.)	N			
14 Cleaning supplies, abrasives	N			
15 Other Chemicals (e.g. drugs and other contraband)	N			
16 Human Blood, Body Tissues, or Fluids	N			
17 Human Wastes	N			
18 Animal Blood, Body Tissues, or Fluids	N			
19 Animal Wastes	N			
20 Biological Toxins (e.g., poison ivy, poison oak, anthrax, etc.)	N			
21 Insect Bites (e.g., ticks, mosquitos, spiders, etc.)	N			
22 Biomedical Waste	N			
23 Ionizing Radiation	N			
24 Non-Ionizing Radiation	N			
25 Electrical Energy	N			
26 Walking on uneven, slippery, or rough surfaces	N			
27 Proximity to moving mechanical parts (e.g., equipment,	N			
machinery)				
28 Proximity to moving vehicles or objects	N			
29 Heights (e.g., rooftop, ladders, scaffolding, etc.)	N			
30 Contact with water, other liquids, humid conditions - not	N			
weather related				
31 Work Below Ground: (e.g., excavation, trench, etc.)	N			
32 Potential exposure to airborne infectious diseases (e.g. clinics,	N			
labs, corrections)				
33 Operates non-commercial motor vehicles (cars, trucks)	N			
34 Operates commercial vehicles – CDL	N			
ClassEndorsements				
35 Operates passenger van to transport clients, inmates, etc.	N			
36 Pulls non-commercial trailers or equipment	N			
37 Operates heavy equipment	N			
38 Other:	N			

PART 9: ENVIRONMENTAL FACTORS/WORKING CONDITIONS:

PART 10: MEDICAL SCREENING, SURVEILLANCE AND VACCINATION REQUIREMENTS:

Please check each of the medical screening, surveillance, and vaccination requirements that apply to the position, and indicate if the requirement applies pre-employment/pre-placement only, or whether there are additional requirements after hire.

			Frequency (one time,
Medical Screening, Surveillance or Vaccination	Pre-Hire	Post-Hire	annual, etc.)
1 Audiometric Testing	N/A	N/A	
2 DOT Commercial Driver Drug and Alcohol Screening	N/A	N/A	
3 DOT Commercial Driver Physical Exam	N/A	N/A	
4 Respirator Physical Exam	N/A	N/A	
5 Respirator Questionnaire – Short	N/A	N/A	
6 Respirator Questionnaire – Standard	N/A	N/A	
7 Blood lead level	N/A	N/A	
8 Hazardous Waste/Emergency Worker physical	N/A	N/A	
9 Heavy metal screen (mercury, lead, arsenic)	N/A	N/A	
10 HINT Hearing Noise Sensitivity Testing	N/A	N/A	
11 Tuberculosis skin test	N/A	N/A	
12 Vaccine: MMR	N/A	N/A	
13 Vaccine: Hepatitis B	N/A	N/A	
14 Vaccine: Influenza	N/A	N/A	
15 Vaccine: Meningococcal	N/A	N/A	
16 Vaccine: Pneumococcal	N/A	N/A	
17 Vaccine: Rabies	N/A	N/A	
18 Vaccine: Rabies Titer	N/A	N/A	
19 Vaccine: Tdap	N/A	N/A	
20 Vaccine: Chickenpox	N/A	N/A	

PART 11: ADDITIONAL INFORMATION, PICTURES, ETC.