

COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

**JOB CLASSIFICATION:** Appraiser I/II/III  
**DEPARTMENT:** Clerk-Recorder-Assessor  
**DOT OCCUPATION CODE:** 188.167-010

**DATE COMPLETED:** February 2018  
**DIVISION:** Assessor  
**PHYSICAL DEMAND STRENGTH RATING:** Light

**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 (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 Duty #	C. Freq Rating	D. Equipment or tools used to perform (Describe)	E. Specialized Expertise, License, Certification Required? (Describe)	F. Reason position exists? (Y/N)	G. Essential or Non-Essential	Medical Provider Use Only: For each job duty/function, indicate in this column "Can Perform", is "Temporarily Restricted" from performing, or is "Permanently Restricted" from performing.
Working independently and using good judgment, performs market value appraisals of residential, residential income, neighborhood, rural, commercial, industrial, agricultural, and recreational properties: inspects, measures, draws, costs, and describes buildings for property records; collects sales, building costs, lease and rent income, and expense data; interprets legal descriptions, blue prints, building permits, and topography and aerial maps; interprets, understands and applies appropriate Revenue and Taxation Codes, and Property Tax rules; drives to off-site locations; refers matters appropriately to supervisors or management.	1	F	Vehicle, Office Cart, Computer, Files, Folders, Binders	Appraiser Certification through BOE, California Driver's License	Y	E	
Communicates by phone, in person, or by email or other written format with co-workers/supervisors, members of	2	O	Computer, Phone, Files,		Y	E	

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the public, and public and private agencies to interpret and explain complex assessment codes, regulations, policies and procedures; maintains a calm and professional demeanor when dealing with loud or confrontational customers.			Folders, Reference Binders				
Enters and retrieves data in assessment and property tax computer systems and spreadsheets; adjusts and corrects records; enters codes and detailed assessment information.	3	O	Computer, Files, Folders, Binders		Y	E	
Presents appraisal and property tax information in front of the Assessment Appeals Board.	4	O			Y	E	
Participates in continuous training to maintain required licenses/certifications and to maintain and enhance knowledge and skills necessary for appraisal of real and personal property.	5	O			Y	E	
<b>Appraiser III only:</b>							
Provides technical advice to an appraisal crew in analyzing interest rates, variances, and managerial and maintenance expenses.	6	O			Y	E	
Assumes administrative duties of supervisor: plans, organizes, and assigns work; orients and trains staff; participates in hiring interviews and decisions.	7	O			Y	E	

**PART 2: PHYSICAL DEMANDS**

Activity	Examples of Duties/Functions Requiring Activity	FREQUENCY RATING Never, Occasional; Frequent, or Constant	MEDICAL Can Perform	PROVIDER Temporarily Restricted	USE ONLY: Permanently Restricted
Sitting	1,2,3,4,5	F			
Walking	1,	O			
Running	N/A	N			
Standing	1,2,3,4	O			
Bending-Neck (e.g., looking up and down at files/notes to computer)	1,2,3,4,5	F			
Bending-Waist	1	O			
Squatting (e.g., to access files in lower drawers)	1	O			
Climbing (e.g., using a step ladder to access files/office supplies on a higher shelf)	1	O			
Kneeling (e.g., to access files in lower drawers)	1	O			
Crawling	N/A	N			
Twisting (neck) (e.g., looking back and forth at dual monitors)	1,2,3,4,5	F			
Twisting (waist)	1	O			
Repetitive Hand Use	1,2,3,4,5	F			
Simple Grasping-Right Hand (e.g., holding pens, handling files)	1,2,3,4,5	O			
Simple Grasping-Left Hand(e.g., holding pens, handling files)	1,2,3,4,5	O			
Power Grasping-Right Hand	N/A	N			
Power Grasping-Left Hand	N/A	N			
Fine Manipulation-Right Hand (e.g., using paper clips)	1,2	F			
Fine Manipulation-Left Hand (e.g., using paper clips)	1,2	F			
Pushing and Pulling (right hand) (e.g., open and close drawers)	1	O			
Pushing and Pulling (left hand) (e.g., open and close drawers)	1	O			
Reaching (above shoulder level) (e.g., accessing files and supplies in overhead storage)	1,2,3	O			
Reaching (below shoulder level) (e.g., reaching for phone, files)	1,2,3,4,5	F			
Lifting-up to 10 lbs. (e.g., ream of paper, file folder)	1,4	O			
Lifting-11-25 lbs.	N/A	N			
Lifting-26-50 lbs.	N/A	N			
Lifting 51-75 lbs.	N/A	N			
Lifting 76-100 lbs.	N/A	N			
Lifting 100 + lbs.	N/A	N			
Carrying 0-10 lbs. (e.g., ream of paper, file folder)	1,4	F			
Carrying 11-25 lbs.	N/A	N			
Carrying 26-50 lbs.	N/A	N			
Carrying 51-75 lbs.	N/A	N			
Carrying 76-100 lbs.	N/A	N			

**PART 3: SENSORY REQUIREMENTS**

Activity	Examples of Duties/Functions Requiring Activity	FREQUENCY RATING Never, Occasional; Frequent, or Constant	MEDICAL Can Perform	PROVIDER Temporarily Restricted	USE ONLY Permanently Restricted
Functional vision, normal or corrected	1,2,3,4,5	C			
Functional color vision, normal or corrected (e.g., to accurately describe/identify buildings for property records)	1	O			
Functional night vision, normal or corrected	N/A	N			
Functional hearing, normal or corrected	1,2,3,4,5	C			
A sense of smell or taste	N/A	N			

**PART 4: COMPREHENSION LEVEL**

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

**PART 5: NATURE OF TASKS**

Activity	FREQUENCY RATING Never, Occasional; Frequent, or Constant	MEDICAL Can Perform	PROVIDER Temporarily Restricted	USE ONLY Permanently Restricted
Follow set procedures	C			
Organize own work	F			
Able to ask questions or request assistance when needed	C			
Required to make decisions independently	F			
Required to train and/or lead others (for Appraiser III only)	O			
Required to direct others including planning, goal setting, and holding others accountable for performance (for Appraiser III only)	O			

**PART 6: WORK PACE**

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

**PART 7: COMPLEXITY/VARIABILITY**

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

**PART 8: INTERACTIONS WITH OTHERS**

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

**PART 9: ENVIRONMENTAL FACTORS/WORKING CONDITIONS:**

Activity	FREQUENCY RATING Never, Occasional; Frequent, or Constant	MEDICAL Can Perform	PROVIDER Temporarily Restricted	USE ONLY Permanently Restricted
Work Inside	C			
Work Outside (e.g., while performing field work)	O			
Extreme Heat (above 100 degrees)	N			
Extreme Cold (below 32 degrees)	N			
Excessive Noise (must raise voice to be heard)	N			
Vibration (e.g., jack hammer, hammer drill, chainsaw, etc.)	N			
Dust, Vapors, Fumes, Smoke	N			
Silica, asbestos, etc.	N			
Solvents (e.g., gas, turpentine, etc.)	N			
Grease, oils	N			
Acidic, Caustic Solutions	N			
Pesticides	N			
Explosives (e.g., dynamite, bomb, etc.)	N			
Cleaning supplies, abrasives	N			
Other Chemicals (e.g. drugs and other contraband)	N			
Human Blood, Body Tissues, or Fluids	N			
Human Wastes	N			
Animal Blood, Body Tissues, or Fluids	N			
Animal Wastes	N			
Biological Toxins (e.g., poison ivy, poison oak, anthrax, etc.)	O			
Insect Bites (e.g., ticks, mosquitos, spiders, etc.)	O			
Biomedical Waste	N			
Ionizing Radiation	N			
Non-Ionizing Radiation	N			
Electrical Energy	N			
Walking on uneven, slippery, or rough terrain (gravel, rocks, hills, etc.) (e.g., while performing field work)	O			
Proximity to moving mechanical parts (e.g., equipment, machinery)	N			
Proximity to moving vehicles or objects	N			
Heights (e.g., rooftop, ladders, scaffolding, etc.)	N			
Contact with water, other liquids, humid conditions - not weather related	N			
Work Below Ground: (e.g., excavation, trench, etc.)	N			
Potential exposure to airborne infectious diseases ( health clinics, laboratories, correctional facilities, etc.)	N			
Operates non-commercial motor vehicles (cars, trucks)	O			
Operates commercial vehicles – CDL Class _____ Endorsements _____	N			
Operates passenger van to transport clients, inmates, etc.	N			
Pulls non-commercial trailers or equipment	N			
Operates heavy equipment	N			
Other:	N			

**PART 10: MEDICAL SCREENING, SURVEILLANCE AND VACCINATION REQUIREMENTS: Not Applicable**

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.

Medical Screening, Surveillance or Vaccination	Pre-Hire	Post-Hire	Frequency (one time, annual, etc.)
Audiometric Testing			
DOT Drug and Alcohol Screening			
DOT Physical Exam			
Respirator Physical Exam			
Respirator Questionnaire – Short			
Respirator Questionnaire – Standard			
Blood lead level			
Hazardous Waste/Emergency Worker physical			
Heavy metal screen (mercury, lead, arsenic)			
HINT Hearing Noise Sensitivity Testing			
Tuberculosis skin test			
Vaccine: MMR			
Vaccine: Hepatitis B			
Vaccine: Influenza			
Vaccine: Meningococcal			
Vaccine: Pneumococcal			
Vaccine: Rabies			
Vaccine: Tdap			
Vaccine: Chickenpox			

**PART 11: ADDITIONAL INFORMATION, PICTURES, ETC. Not Applicable**



**PART 12 – FORM REVIEW AND SIGNATURES**

**OCCUPATIONAL HEALTH CONSULTANTS**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUPERVISOR/SECTION MANAGER**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HUMAN RESOURCES RECRUITMENT AND CLASSIFICATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HUMAN RESOURCES SAFETY UNIT**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HUMAN RESOURCES DISABILITY MANAGEMENT**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 13 – MEDICAL PROVIDER REVIEW AND COMMENTS**

Employee Name: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_