COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

JOB CLASSIFICATION: Cadastral Mapping Supervisor

DEPARTMENT: Clerk-Recorder-Assessor

DOT OCCUPATION CODE: 018.261-018; 005.281-010

DATE COMPLETED: February 2018

DIVISION: Assessor

PHYSICAL DEMAND STRENGTH RATING: Light; Sedentary

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	C. Freq	D. Equipment or	E. Specialized	F. Reason	G. Essential	Medical Provider Use Only: For
<i>''</i>	Duty	Rating	tools used to	Expertise,	position	or Non-	each job duty/function,
	#		perform (Describe)	License,	exists?	Essential	indicate in this column "Can
				Certification	(Y/N)		Perform", is "Temporarily
				Required?			Restricted" from performing, or
				(Describe)			is "Permanently Restricted"
							from performing.
Directly supervises staff engaged in conducting work	1	C	Computer		Υ	E	
assignments: plans, organizes, and assigns work; orients							
and trains staff; monitors and facilitates staff required							
continuing education requirements and other training;							
evaluates, reviews, and monitors activity of staff, both							
formally and informally, in writing and in person; takes							
appropriate disciplinary action in conjunction with							
Administrative staff; participates in hiring interviews and							
decisions; actively utilizes and implements established							
safety practices; proposes and implements new safety							
practices as needed; utilizes appropriate discretion in							
matters of employee relations, EEO, and ADA.							
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A. Job Duty/Function	B. Job	C. Freq	D. Equipment or	E. Specialized	F. Reason	G. Essential	Medical Provider Use Only: For
,	Duty	_	tools used to	Expertise,	-		each job duty/function,
	#		perform (Describe)				indicate in this column "Can
				Certification Required?	(Y/N)		Perform", is "Temporarily Restricted" from performing, or
				(Describe)			is "Permanently Restricted"
				(Describe)			from performing.
Uses good judgment and discretion while directing,	2	С	Computer		Υ	E	
performing, or assisting staff with reviewing and							
interpreting recorded documents, legal descriptions,							
proposals, and maps to determine their effect on property							
boundaries, title, and taxability; verifies and compiles legal							
descriptions from recorder documents; researches chain of							
title to real property; verifies current ownership of							
property; understands and applies knowledge of applicable							
laws, regulations, and codes, and outside department							
procedures.							
Uses good judgment and discretion while directing,	3	С	Computer, CAD		Υ	E	
performing, or assisting staff with creating, maintaining,			and GIS				
and updating Assessor's maps and map records using both			(Geographic				
mechanical and computer aided drafting (AutoCAD) skills,			Information				
GIS software, and Leroy and scribe techniques; translates			System) software				
legal descriptions into precise scale drawing of property;							
determines accurate closure and plotting of legal							
descriptions; interpolates between new maps and old maps							
to position changes accurately with adjoining parcels.							
Communicates by phone, in person, or by email or other	4	F	Computer, Phone		Υ	E	
written format with co-workers/supervisors, property							
owners, engineers, land surveyors, attorneys, title							
companies, and other governmental agencies, in person, by							
phone and by email, to interpret and explain complex							
codes, policies, and procedures; resolves discrepancies in							
title, property boundaries, erroneous and incomplete							
property descriptions and maps, and provide information							
related to legal descriptions, map interpretations, and other							
related map and Assessor's records inquiries; maintains a							
calm and professional demeanor.							
Establishes production goals and assists staff in meeting	5	0	Computer		Υ	E	
them; analyzes workload and production statistics;							
recommends and implements actions to improve work							

A. Job Duty/Function	B. Job	C. Freq	D. Equipment or	E. Specialized	F. Reason	G. Essential	Medical Provider Use Only: For
,,	Duty	Rating	tools used to	Expertise,	position	or Non-	each job duty/function,
	#		perform (Describe)	License,			indicate in this column "Can
				Certification	(Y/N)		Perform", is "Temporarily
				Required?			Restricted" from performing, or
				(Describe)			is "Permanently Restricted"
							from performing.
processes and resolve problems.							
Writes new legal descriptions for tax defaulted properties;	6	0	Computer, CAD		Υ	E	
composes letters identifying problems that need to be			software				
resolved in order to transfer and split property; creates and							
updates procedures and standards for							
computerized/cadastral mapping and plotting to meet							
office requirements.							
Customizes and updates computer software and resolves	7	С	Computer		Υ		
problems; monitors computer system changes of mapping						E	
information; creates electronic database files from old							
records and new files; researches and resolves difficult							
technical cadastral mapping issues; enters data into							
computer software; maintains electronic and paper records							
and files.							

PART 2: PHYSICAL DEMANDS

	Examples of	FREQUENCY RATING	MEDICAL	PROVIDER	USE ONLY:
Activity	Duties/Functions	Never, Occasional; Frequent, or Constant	Can Perform	Temporarily Restricted	Permanently Restricted
Sitting	Requiring Activity 1,2,3,4,5,6,7	C C	Perioriii	Restricted	Restricted
Walking	1,2,3,4,3,0,7	0			
Running	N/A	N			
Standing	1,2,3,4,5,6,7	0			
Bending-Neck (e.g., looking up/down from					
files/notes to computer)	1,2,3,4,5,6,7	F			
Bending-Waist	3,4	0			
Squatting (e.g., to access files/maps from lower drawers)	3,4,7	0			
Climbing (e.g., to access files/maps, office supplies from higher shelves)	3,4,7	0			
Kneeling (e.g., to access files/maps from lower	3,4,7	О			
drawers)					
Crawling	N/A	N			
Twisting (neck))(e.g., looking side to side from files/notes to computer)	1,2,3,4,5,6,7	F			
Twisting (waist)	3,4,7	0			
Repetitive Hand Use	4,6,7	F			
Simple Grasping-Right Hand (e.g., handling files	3,4,6,7	0			
and maps)	3, 1,0,1				
Simple Grasping-Left Hand(e.g., handling files and maps)	3,4,6,7	0			
Power Grasping-Right Hand	N/A	N			
Power Grasping-Left Hand	N/A	N			
Fine Manipulation-Right Hand (e.g., mechanical drafting of Assessor's maps)	4	0			
Fine Manipulation-Left Hand (e.g., mechanical drafting of Assessor's maps)	4	0			
Pushing and Pulling (right hand) (e.g., opening and closing file drawers)	3,4,7	0			
Pushing and Pulling (left hand) (e.g., opening and closing file drawers) Reaching (above shoulder level) (e.g., to access	3,4,7	0			
files or office supplies on higher shelves)	3,4,7	0			
Reaching (below shoulder level)	2,3,4,6,7	F			
Lifting-up to 10 lbs. (e.g., ream of paper, files, maps)	2,3,4,6,7	F			
Lifting-11-25 lbs.(e.g., large files, large maps)	3,4,7	0			
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, files, maps)	2,3,4,6,7	F			
Carrying 11-25 lbs.(e.g., large files, large maps)	3,4,7	0			
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

	Examples of	FREQUENCY RATING	MEDICAL	PROVIDER	USE ONLY
	Duties/Functions	Never, Occasional;	Can	Temporarily	Permanently
Activity	Requiring Activity	Frequent, or Constant	Perform	Restricted	Restricted
Functional vision, normal or corrected	1,2,3,4,6,7	С			
Functional color vision, normal or corrected (e.g.,	2,3,4,6,7	0			
for accuracy of mapping projects)	2,3,4,0,7	O			
Functional night vision, normal or corrected	N/A	N			
Functional hearing, normal or corrected	1,2,4,5	F			
A sense of smell or taste	N/A	N			

PART 4: COMPREHENSION LEVEL

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

PART 5: NATURE OF TASKS

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

PART 6: WORK PACE

	FREQUENCY RATING	MEDICAL	PROVIDER	USE ONLY
	Never, Occasional;	Can	Temporarily	Permanently
Activity	Frequent, or Constant	Perform	Restricted	Restricted
Tightly scheduled and rapid pace of work activities at high	_			
volume	F			
Meet time sensitive deadlines	F			
Long and/or irregular hours	0			
Limited/unpredictable opportunity for breaks	0			
Required to perform on-call or emergency work	N			

PART 7: COMPLEXITY/VARIABILITY

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

PART 8: INTERACTIONS WITH OTHERS

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

PART 9: ENVIRONMENTAL FACTORS/WORKING CONDITIONS:

ART 9. ENVIRONMENTAL FACTORS, WORKING CONDITIONS.	FREQUENCY RATING	MEDICAL	PROVIDER	USE ONLY
	Never, Occasional;	Can	Temporarily	Permanently
Activity	Frequent, or Constant	Perform	Restricted	Restricted
Work Inside	С			
Work Outside	N			
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.)	N			
Insect Bites (e.g., ticks, mosquitos, spiders, etc.)	0			
Biomedical Waste	N			
Ionizing Radiation	N			
Non-Ionizing Radiation	N			
Electrical Energy	N			
Walking on uneven, slippery, or rough terrain (e.g., gravel, rocks,	11			
hills, etc.)	N			
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	11			
related	N			
Work Below Ground: (e.g., excavation, trench, etc.)	N			
Potential exposure to airborne infectious diseases (e.g. clinics,	IN			
labs, corrections)	N			
Operates non-commercial motor vehicles (cars, trucks)	N			
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: _____