

COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

JOB CLASSIFICATION: CRA – Chief Deputy
DEPARTMENT: Clerk Recorder Assessor
PHYSICAL DEMAND STRENGTH RATING:

DATE COMPLETED: 9-7-2018
DIVISION: Clerk Recorder, Assessor, ROV

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 the*re 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 Duty #	C. Freq Rating	D. Equipment or tools used to perform (Describe)	E. Specialized Expertise, License, Certification Required? (Describe)	F. 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.
While performing the following duties, employees in this position					Essential	
Responsible for the overall, day to day administration and management of a CRA Division.	1	C			Essential	
Assist in formulating and revising operational policies and procedures for CRA Divisions	2	C			Essential	
Interpret Federal, State and Department policies, procedures and regulations for the public and staff	3	F		Yes – Assessor – Revenue and Taxation Code – Div 1, Part 2, Chptr 3 Artcl 8 Appraiser Qualifications #670 (a)	Essential	
Provide assistance in resolving difficult problems	4	C			Essential	

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Represent the Department at hearing and meetings, with other agencies, the county and state. Serve as the subject matter expert for your division of CRA	5	F			Essential	
Provides direction, both orally and in writing, to subordinate supervisors and staff to ensure goals are met; plans, organizes, and assigns work; evaluates, reviews, and monitors activity of staff, both formally and informally, in writing and in person; takes appropriate disciplinary action in conjunction with Human Resources staff; participates in hiring interviews and decisions; utilizes appropriate discretion and assures compliance with County policy and federal and state laws in matters of employee relations, EEO, and ADA.	6	C			Essential	
Assist in preparation of Division Budget	7	F			Essential	
Interface with the public, media, public official, other department staff and managers	8	C			Essential	

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
1 Sitting		Frequent			
2 Walking		Occasional			
3 Running		Never			
4 Standing		Occasional			
5 Bending-Neck		Occasional			
6 Bending-Waist		Occasional			
7 Squatting		Occasional			
8 Climbing		Occasional			
9 Kneeling		Occasional			
10 Crawling		Never			
11 Twisting (neck)		Occasional			
12 Twisting (waist)		Occasional			
13 Repetitive Hand Use		Occasional			
14 Simple Grasping-Right Hand		Occasional			
15 Simple Grasping-Left Hand		Never			
16 Power Grasping-Right Hand		Never			
17 Power Grasping-Left Hand		Never			
18 Fine Manipulation-Right Hand		Occasional			
19 Fine Manipulation-Left Hand		Occasional			
20 Pushing and Pulling (right hand)		Occasional			
21 Pushing and Pulling (left hand)		Occasional			
22 Reaching (above shoulder level)		Occasional			
23 Reaching (below shoulder level)		Occasional			
24 Lifting-up to 10 lbs.		Occasional			
25 Lifting-11-25 lbs.		Never			
26 Lifting-26-50 lbs.		Never			
27 Lifting 51-75 lbs.		Never			
28 Lifting 76-100 lbs.		Never			
29 Lifting 100 + lbs.		Never			
30 Carrying 0-10 lbs.		Occasional			
31 Carrying 11-25 lbs.		Occasional			
32 Carrying 26-50 lbs.		Never			
33 Carrying 51-75 lbs.		Never			
34 Carrying 76-100 lbs.		Never			

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
1 Functional vision, normal or corrected		Frequent			
2 Functional color vision, normal or corrected		Frequent			
3 Functional night vision, normal or corrected		Frequent			
4 Functional hearing, normal or corrected		Frequent			
5 A sense of smell or taste		Never			

PART 4: COMPREHENSION LEVEL

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

PART 5: NATURE OF TASKS

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

PART 6: WORK PACE

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

PART 7: COMPLEXITY/VARIABILITY

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

PART 8: INTERACTIONS WITH OTHERS

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

PART 9: ENVIRONMENTAL FACTORS/WORKING CONDITIONS:

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

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.

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

PART 11: ADDITIONAL INFORMATION, PICTURES, ETC.

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: _____