COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

JOB CLASSIFICATION: Department Information Systems Specialist I/II

DEPARTMENT: Human Resources

DOT OCCUPATION CODE: 033.162-018

DATE COMPLETED: March 2019

DIVISION: Human Resources Information Systems

PHYSICAL DEMAND STRENGTH RATING: Medium, per Job

Analysis

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 (Section 8) 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 use Section 8 to 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
,,	Duty	Rating	tools used to	Expertise,	position	or Non-	each job duty/function, indicate
	#		perform (Describe)	License,	exists?	Essential	in this column "Can Perform", is
				Certification	(Y/N)		"Temporarily Restricted" from
				Required?			performing, or is "Permanently
				(Describe)			Restricted" from performing.
Analyzes department business processes and operational	1	F	Computer		Υ	E	
procedures; meets with managers to identify the data							
needs of the department; assesses problems, researches,							
evaluates, and recommends potential solutions, such as on-							
line reporting forms, enhanced statistical reports, or							
calculators.							

A. Job Duty/Function		Rating	tools used to perform (Describe)	Expertise, License,	position	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, develops, customizes, updates, and troubleshoots department specific databases, vendor provided software, and 3 rd party software add-ons; uses SQL or other programming language to create and modify databases; tests changes to database to ensure functionality; integrates and modifies data; documents new or modified databases; creates, modifies, and runs reports from system.		F	Computer		Υ	E	
Analyzes, monitors, troubleshoots, and resolves system performance, integrity, security issues and problems.	3	F	Computer		Y	E	
Develops and presents, verbally and in writing, cost estimates; provides timeline for system modifications; uses professional level writing.	4	Ο	Computer		N	N	
Communicates by phone, in person, or by email, with staff, vendors, and department managers on the design and feasibility of proposed solutions, and to make recommendations, coordinate activities, answer questions, problem solve, trouble shoot, and provide information regarding department database systems; presents recommendations of technical solutions to management or other technical staff.	5	F	Computer, phone		Y	E	
Unpacks, assembles, and installs computers, printers, phone systems, and other computer hardware; moves equipment weighing from 10 - 64 pounds, with the assistance of other staff and utilizing equipment carts.	6		Equipment cart; hand tools		Y	E	
Creates, modifies, and deletes user accounts, groups, resources, membership rights and security access for database systems; maintains system codes.	7	Ο	Computer		N	N	
Provides technical support to management, staff, and clients; develops and provides training for staff and clients in processes and ISD systems	8	F	Computer		Υ	E	
Prepares and updates manuals, instructions, and operating procedures.	9	0	Computer		N	N	_

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, indicate
	#		perform (Describe)	License,	exists?	Essential	in this column "Can Perform", is
				Certification	(Y/N)		"Temporarily Restricted" from
				Required?			performing, or is "Permanently
				(Describe)			Restricted" from performing.
Participates in continuous training, research, study, and	10	F	Computer		Υ	E	
reading, both of and off-site, to keep current in information							
technology products, standards and best practices, and to							
maintain working knowledge of hardware and software							
applications of supported system; attends off-site training.							

PART 2: PHYSICAL DEMANDS

ART 2: PHYSICAL DEMANDS					
	Examples of	FREQUENCY RATING		PROVIDER	USE ONLY:
Activity	Duties/Functions	Never, Occasional;	Can	Temporarily	Permanently
S:::: /: D	Requiring Activity	Frequent, or Constant	Perform	Restricted	Restricted
Sitting (i.e., Performing computer work;	1,2,3,4,5,7,8,9,10	F			
analyzing system problems)	, , , , , , ,				
Walking (i.e., Moving or installing computers,	2560				
printers, phone systems and other computer hardware)	3,5,6,8	0			
,	N1 / A				
Running	N/A	N			
Standing (i.e., Training staff and clients in	1,2,3,4,5,6,7,8,9	0			
process and ISD systems)					
Bending-Neck (i.e., Performing computer work; Installing/troubleshooting computers and devices)	1,2,3,4,5,6,7,8,9	F			
Bending-Waist (i.e., Installing/troubleshooting					
computers and devices)	5,6	0			
Squatting (i.e., Installing/troubleshooting					
computers and devices)	5,6	0			
Climbing (i.e., Accessing items on higher shelf)	5,6	0			
	3,0	0			
Kneeling (i.e., Installing/troubleshooting	5,6	0			
computers and devices)	- , -				
Crawling (i.e., Installing/troubleshooting	5,6	О			
computers and devices)	3,0	O O			
Twisting (neck) (i.e., Looking back and forth at multiple monitors)	1,2,3,4,5,6,7,8,9	0			
Twisting (waist) (i.e., Installing/troubleshooting computers and devices)	5,6	0			
Repetitive Hand Use (i.e., Performing work duties, as listed below)	1,2,3,4,5,6,7,8,9	F			
Simple Grasping-Right Hand (i.e., Attaching					
cables to computers and peripheral devices;	5,6	0			
Using hand tools)	3,0				
Simple Grasping-Left Hand (i.e., Attaching cables					
to computers and peripheral devices; Using		О			
hand tools)	5,6				
•	NI/A	NI NI			
Power Grasping-Right Hand	N/A	N			
Power Grasping-Left Hand	N/A	N			
Fine Manipulation-Right Hand (i.e., Attaching monitor cables, which requires turning pairs of knurled nuts)	5,6	О			
Fine Manipulation-Left Hand (i.e., Attaching					
monitor cables, which requires turning pairs of	5,6	0			
knurled nuts)	,				
Pushing and Pulling (right hand) (i.e., Moving,					
installing, relocation computers, copiers and	5,6,8	0			
peripheral devices; Equipment carts)					
Pushing and Pulling (left hand) (i.e., Moving,					
installing, relocation computers, copiers and	5,6,8	0			
peripheral devices; Equipment carts)					
Reaching (above shoulder level) (i.e., Reaching	5,6	О			
for supplies)	3,0	O .			
Reaching (below shoulder level) (i.e.,					
Installing/troubleshooting computers and	5,6	F			
devices)					
Lifting-up to 10 lbs. (i.e., Tools; Laptops;	3,5,6	F			
Computer components)	3,3,0	'			
Lifting-11-25 lbs. (i.e., Computer monitors;	3,5,6	О			
phone systems)	-,-,-				
Lifting-26-50 lbs. (i.e., Computers; Printers;	5,6	0			
Peripheral devices)	- / -	-			

	Examples of	FREQUENCY RATING	MEDICAL	PROVIDER	USE ONLY:
Activity	Duties/Functions	Never, Occasional;	Can	Temporarily	Permanently
	Requiring Activity	Frequent, or Constant	Perform	Restricted	Restricted
Lifting 51-75 lbs. (non-essential is other staff available to help) (i.e., Printer style used by entire Department)	N/A	N			
Lifting 76-100 lbs.	N/A	N			
Lifting 100 + lbs.	N/A	N			
Carrying 0-10 lbs. (i.e., Tools; Laptops; Computer components)	3,5,6	F			
Carrying 11-25 lbs. (i.e., Computer monitors; phone systems)	3,5,6	0			
Carrying 26-50 lbs. (i.e., Computers; Printers; Peripheral devices)	5,6	0			
Carrying 51-75 lbs. (non-essential is other staff available to help) (i.e., Printer style used by entire Department)	N/A	N			
Carrying 76-100 lbs.	N/A	N			

PART 3: SENSORY REQUIREMENTS

	Examples of Duties/Functions Requiring Activity	FREQUENCY RATING Never, Occasional; Frequent, or Constant	Can	PROVIDER Temporarily Restricted	USE ONLY Permanently Restricted
Functional vision, normal or corrected (i.e., Reading and analyzing data; installing/trouble-shooting computer and phone systems)	1-10	С			
Functional color vision, normal or corrected	N/A	N			
Functional night vision, normal or corrected	N/A	N			
Functional hearing, normal or corrected (i.e., Communicating in person or over the phone; Training staff and clients)	4,5,8,10	F			
A sense of smell or taste (i.e., Recognize smell of smoke or potential fire danger while installing/trouble-shooting computer and phone systems)	3,6	0			

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	0			
Required to direct others (e.g. planning, goal setting, performance)	N			

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	0			
volume	U			
Meet time sensitive deadlines	F			
Long and/or irregular hours	0			
Limited/unpredictable opportunity for breaks	N			
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 departments/agencies, public)	F			
Interactions limited to giving/receiving information	F			
Interactions exceed giving/receiving information (e.g., advises, persuades, justifies)	0			
Interactions occur under circumstances of emotional stress	0			
Risk of confrontation with violent or assaultive clients or customers	0			

PART 9: ENVIRONMENTAL FACTORS/WORKING CONDITIONS:

·	FREQUENCY RATING	MEDICAL	PROVIDER	USE ONLY
Activity	Never, Occasional;	Can	Temporarily	Permanently
Activity	Frequent, or Constant	Perform	Restricted	Restricted
Work Inside	C			
Work Outside	0			
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	0			
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	0			
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,	IV			
hills, etc.)	N			
Proximity to moving mechanical parts (e.g., equipment,				
machinery)	0			
Proximity to moving vehicles or objects	N			
	N O			
Heights (e.g., rooftop, ladders, scaffolding, etc.)	0			
Contact with water, other liquids, humid conditions - not	N			
weather related				
Work Below Ground: (e.g., excavation, trench, etc.)	N			
Potential exposure to airborne infectious diseases (e.g. clinics,	N			
labs, corrections)				
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.

'			Frequency (one time,
Medical Screening, Surveillance or Vaccination	Pre-Hire	Post-Hire	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.

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: _____