

COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

**JOB CLASSIFICATION:** Department Information Systems Technician I/II  
**DEPARTMENT:** District Attorney’s Office  
**DOT OCCUPATION CODE:** 033.162-018

**DATE COMPLETED:** June 2020  
**DIVISION:** Administration  
**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 Duty #	C. Free 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.
While performing the following duties, employees in this position work in an office environment routinely using office equipment such as computers, phones, photocopiers, fax machines, etc.	1	C	Computers, phones, photocopiers, fax machines, scanners		y	E	
Communicates by phone, email, or in person with staff, management, and vendors; provides advice and guidance; coordinates activities, answers questions, problem solves; uses good judgment and discretion while troubleshooting systems and services; maintains a calm, courteous demeanor when dealing with high customer anxiety; provides ongoing updates to manager, and requests guidance and advice.	2	C	Computers, phones, photocopiers, fax machines, scanners		Y	E	

A. Job Duty/Function	B. Job Duty #	C. Free 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.
Investigates problems and performs system hardware, software, and communication connection repairs; identifies problems, troubleshoots information systems components; bends, stoops, reaches, and crawls.	3	F	Computers, phones, photocopiers, fax machines,		Y	E	
Unpacks, assembles, and installs computers, printers, phone systems, and other computer hardware; installs, customizes, configures maintains, and supports computer hardware, software, including third party software add-ons, operating systems, and phone systems, both on and off-site; works in confined and dusty spaces; bends, reaches, stoops, crawls, climbs, uses equipment carts to move equipment weighing from 10 to 64 pounds.	4	O	Computers, phones, fax machines, scanners, equipment cart, hand tools		Y	E	
Modifies user accounts, groups, resources, membership rights, and maintains system codes.	5	O	Computers, phones		Y	E	
Prepares and updates manuals, instructions, and operating procedures.	6	O	Computer		Y	E	
Develops and provides training for staff and management in processes and IT systems.	7		Computers, projectors				
Inventories IT hardware and supplies; places requests to orders hardware and supplies as necessary; organizes, distributes, and installs hardware and supplies.	8	F	Computers, phones, photocopiers, fax machines, scanners,		Y	E	
Participates in continuous training, research, study, and reading, both on 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.	9	F	Computer		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 (i.e., Performing computer work; analyzing system problems)	1,3,4,5,6	F			
Walking (i.e., Moving or installing computers, printers, phone systems and other computer hardware)	1,2,4	O			
Running	N/A	N			
Standing (i.e., Training staff and clients in process and ISD systems)	1,2,3,4,5	O			
Bending-Neck (i.e., Performing computer work; Installing/troubleshooting computers and devices)	1,2,3,4,5	C			
Bending-Waist (i.e., Installing/troubleshooting computers and devices)	1,2	O			
Squatting (i.e., Installing/troubleshooting computers and devices)	1,2	O			
Climbing (i.e., Accessing items on higher shelf)	1,2	O			
Kneeling (i.e., Installing/troubleshooting computers and devices)	1,2	O			
Crawling (i.e., Installing/troubleshooting computers and devices)	1,2	O			
Twisting (neck) (i.e., Looking back and forth at multiple monitors)	1,2,3,4,5	F			
Twisting (waist) (i.e., Installing/troubleshooting computers and devices)	1,2	O			
Repetitive Hand Use (i.e., Performing work duties, as listed below)	1,2,3,4,5	F			
Simple Grasping-Right Hand (i.e., Attaching cables to computers and peripheral devices; Using hand tools)	1,2	O			
Simple Grasping-Left Hand (i.e., Attaching cables to computers and peripheral devices; Using hand tools)	1,2	O			
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)	1,2	O			
Fine Manipulation-Left Hand (i.e., Attaching monitor cables, which requires turning pairs of knurled nuts)	1,2	O			
Pushing and Pulling (right hand) (i.e., Moving, installing, relocation computers, copiers and peripheral devices; Equipment carts)	1,2,4	O			
Pushing and Pulling (left hand) (i.e., Moving, installing, relocation computers, copiers and peripheral devices; Equipment carts)	1,2,4	O			
Reaching (above shoulder level) (i.e., Reaching for supplies)	1,2	O			
Reaching (below shoulder level) (i.e., Installing/troubleshooting computers and devices)	1,2	F			
Lifting-up to 10 lbs. (i.e., Tools; Laptops; Computer components)	1,2	F			
Lifting-11-25 lbs. (i.e., Computer monitors; phone systems)	1,2	O			
Lifting-26-50 lbs. (i.e., Computers; Printers; Peripheral devices)	1,2	O			

Activity	Examples of Duties/Functions Requiring Activity	FREQUENCY RATING Never, Occasional; Frequent, or Constant	MEDICAL Can Perform	PROVIDER Temporarily Restricted	USE ONLY: Permanently Restricted
Lifting 51-75 lbs. (non-essential is other staff available to help) (i.e., Printer style used by entire Department)	2	O			
Lifting 76-100 lbs.	N/A	N			
Lifting 100 + lbs.	N/A	N			
Carrying 0-10 lbs. (i.e., Tools; Laptops; Computer components)	1,2	F			
Carrying 11-25 lbs. (i.e., Computer monitors; phone systems)	1,2	O			
Carrying 26-50 lbs. (i.e., Computers; Printers; Peripheral devices)	1,2	O			
Carrying 51-75 lbs. (non-essential is other staff available to help) (i.e., Printer style used by entire Department)	2	O			
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 (i.e., Reading and analyzing data; installing/trouble-shooting computer and phone systems)	1,2,3,4,5,6	C			
Functional color vision, normal or corrected	2,4,5	O			
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)	1,4,6	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)	10	O			

**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	C			

**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 and prioritize 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	O			
Required to direct others (e.g. planning, goal setting, performance)	N			

**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	F			
Meet time sensitive deadlines	F			
Long and/or irregular hours	O			
Limited/unpredictable opportunity for breaks	O			
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	F			
Attention divided by issues requiring multi-tasking	F			
Work requires precise attention to detail	F			
Use of judgment in routine matters	C			
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	F			
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	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., jackhammer, hammer drill, chainsaw, etc.)	N			
Dust, Vapors, Fumes, Smoke	O			
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.)	N			
Biomedical Waste	N			
Ionizing Radiation	N			
Non-Ionizing Radiation	N			
Electrical Energy	N			
Walking on uneven, slippery, or rough terrain (e.g., gravel, rocks, 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 related	N			
Work Below Ground: (e.g., excavation, trench, etc.)	N			
Potential exposure to airborne infectious diseases (e.g. clinics, 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.**



**Printer used/serviced department wide- 64lbs.  
On 30" surface; if moved placed on 33" high cart**



**PART 12 – FORM REVIEW AND SIGNATURES**

**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: \_\_\_\_\_