

**COUNTY OF SONOMA - JOB DEMANDS ANALYSIS**

**JOB CLASSIFICATION:** Junior Engineer, Assistant Engineer, Engineer  
**DEPARTMENT:** Permit Sonoma  
**PHYSICAL DEMAND STRENGTH RATING:** Light

**DATE COMPLETED:**  
**DIVISION:** Engineering and Construction

**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/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 work in the office, in a typical office setting, sitting for long periods of time and routinely using office equipment such as computers, phones, photocopiers, fax machines, etc.; and work in the field, working outdoors in all types of terrain, vegetation, and weather conditions, performing duties in both daylight and dark/dim conditions.						
Performs emergency assessments of site, structure, and infrastructure conditions after natural disasters such as earthquakes, fires, and floods, to identify and document safety concerns; works long and irregular hours, including nights, weekends, and holidays, during response and recovery phases of emergency situations; drives throughout the County in the aftermath of a natural disaster; may be temporarily assigned to work at an emergency operation or local assistance center.	1	C	Vehicle, Clipboard, Personal Protective Equipment (PPE), Cell phone, Radio	CA Driver’s License, Safety Assessment Personnel Certification issued by the Office of Emergency Services	E	

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Uses good judgment and discretion while reviewing land use and construction plans and projects, reports, engineered construction and site development plans, and related documents; ensures projects comply with applicable federal, state, and County codes, regulations, and local ordinances; researches and interprets applicable code; approves or disapproves of designated permits; issues permits and final approvals.	2	C	Computer, phone, calculator, ruler	ICBO Plans Examiner Certificate  CA Registration as a Professional Engineer-Engineer only	E	
Prepares complex and detailed technical reports, specifications, and other written materials; performs complicated engineering calculations; ensures accuracy of information and conformance with all applicable codes, regulations, and laws.	3	F	Computer	ICBO Plans Examiner Certificate  CA Registration as a Professional Engineer-Engineer only	E	
Communicates with building and design professionals, property owners, co-workers, managers, and the general public, in person, by phone, and in writing; interprets and explains complex codes, policies, and procedures; responds to general questions related to county and state codes and regulations; in a heavy volume and fast paced environment while on counter duty; maintains a professional demeanor in adversarial situations; works collaboratively with others.	4	C	Computer; Phone	CA Registration as a Professional Engineer – Engineer only	E	
Working independently and using good judgment, works in the field to conduct inspections of designated permitting projects, site evaluations; and investigations of complaints; ensures adherence to approved project /design plans; carries gear weighing up to 25 pounds; hikes over uneven, steep, and slippery terrain.	5	O	Clipboard, rolled plans, iPad, hammer, man-hole puller	CA Registration as a Professional Engineer – Engineer only	E	
Drives county vehicle/pick-up truck to offsite locations, including rugged, remote, and off road locations; steps up and into truck; reaches above shoulder to grasp vehicle handle to pull self into truck; inspects vehicle and reports any issues or damage.	6	F	Vehicle	CA Driver's License	E	
Represents the Department by speaking at hearings and other meetings; makes technical presentations.	7	O	Computer, pointer		E	

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Performs office support work such as filing, copying, billing, receipting, file research, and file prep; retrieves paper files and rolled plans, weighing up to 25 pounds, from storage areas; carries files and plans; reaches above and below shoulder level to access documents.	8	O	Computer, Files, hand cart		E	
Continuously observes safety practices and procedures; actively utilizes and implements established safety practices; wears appropriate safety gear; reports or corrects unsafe conditions.	9	C	Safety Boots, Hard Hat		E	
Actively participates in department advisory groups and teams, such as: safety, process improvement, new program implementation/Initiatives; provides input and makes recommendations; responds to requests for information; provides information to co-workers.	10	O	Computer		E	
Participates in continuous training to maintain required licenses/certifications and to maintain and enhance knowledge and skills required for this position.	11	C	Computer		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
1 Sitting	1-11	F			
2 Walking	1-11	O			
3 Running	N/A	N			
4 Standing	1-11	O			
5 Bending-Neck	1-11	F			
6 Bending-Waist - retrieving binders, files	1-11	O			
7 Squatting	1,5,8	N			
8 Climbing – stairs, hills	1,5,8	O			
9 Kneeling	1,5,8	O			
10 Crawling	5	O			
11 Twisting (neck)	1-11	F			
12 Twisting (waist)	1-11	O			
13 Repetitive Hand Use	1-5,7,8,10	F			
14 Simple Grasping-Right Hand – files	1-11	O			
15 Simple Grasping-Left Hand - files	1-11	O			
16 Power Grasping-Right Hand- Gates, heavy duty stapler	1,2,5,6	O			
17 Power Grasping-Left Hand – Gates, heavy duty stapler	1,2,5,6	O			
18 Fine Manipulation-Right Hand – attaching paperclips, turning pages/sheets on documents	1-11	O			
19 Fine Manipulation-Left Hand - attaching paperclips, turning pages/sheets on documents	1-11	O			
20 Pushing and Pulling (right hand) – doors, drawers	1-11	O			
21 Pushing and Pulling (left hand) – doors, drawers	1-11	O			
22 Reaching (above shoulder level) – retrieving files, binders	1,2,5,8	O			
23 Reaching (below shoulder level) – retrieving files, binders	1-11	O			
24 Lifting-up to 10 lbs. –files, binders, rolled plans	1-11	O			
25 Lifting-11-25 lbs. – rolled plans	5,8	O			
26 Lifting-26-50 lbs.	8	O			
27 Lifting 51-75 lbs.	N/A	N			
28 Lifting 76-100 lbs.	N/A	N			
29 Lifting 100 + lbs.	N/A	N			
30 Carrying 0-10 lbs. – files, binders, rolled plans	1-11	O			
31 Carrying 11-25 lbs. – rolled plans	8	O			
32 Carrying 26-50 lbs.	N/A	N			
33 Carrying 51-75 lbs.	N/A	N			
34 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
1 Functional vision, normal or corrected		C			
2 Functional color vision, normal or corrected		N			
3 Functional night vision, normal or corrected		O			
4 Functional hearing, normal or corrected		C			
5 A sense of smell or taste		N			



**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	O			
2 Follow Written Instructions	F			
3 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
1 Follow set procedures	F			
2 Organize own work	F			
3 Able to ask questions or request assistance when needed	C			
4 Required to make decisions independently	F			
5 Required to train and/or lead other staff	N			
6 Required to direct other staff (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
1 Tightly scheduled and rapid pace of work activities at high volume	F			
2 Meet time sensitive deadlines	O			
3 Long and/or irregular hours	F			
4 Limited/unpredictable opportunity for breaks	O			
5 Required to perform on-call or emergency work	O			

**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	O			
2 Attention divided by issues requiring multi-tasking	F			
3 Work requires precise attention to detail	F			
4 Use of judgment in routine matters	F			
5 Requires use of judgment in adapting procedures from one task to another	F			
6 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
1 Works with others (e.g., co-workers, other departments/agencies, public)	F			
2 Interactions limited to giving/receiving information	F			
3 Interactions exceed giving/receiving information (e.g., advises, persuades, justifies)	F			
4 Interactions occur under circumstances of emotional stress	O			
5 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
1 Work Inside	C			
2 Work Outside	C			
3 Extreme Heat (above 100 degrees)	O			
4 Extreme Cold (below 32 degrees)	N			
5 Excessive Noise (must raise voice to be heard)	N			
6 Vibration (e.g., jack hammer, hammer drill, chainsaw, etc.)	N			
7 Dust, Vapors, Fumes, Smoke	O			
8 Silica, asbestos, etc.	O			
9 Solvents (e.g., gas, turpentine, etc.)	N			
10 Grease, oils	N			
11 Acidic, Caustic Solutions	N			
12 Pesticides – Indoor illegal marijuana grows	O			
13 Explosives (e.g., dynamite, bomb, etc.)	N			
14 Cleaning supplies, abrasives	N			
15 Other Chemicals (e.g. drugs and other contraband) – Illegal drug labs	O			
16 Human Blood, Body Tissues, or Fluids	N			
17 Human Wastes	N			
18 Animal Blood, Body Tissues, or Fluids	N			
19 Animal Wastes	N			
20 Biological Toxins (e.g., poison ivy, poison oak, anthrax, etc.)	O			
21 Insect Bites (e.g., ticks, mosquitos, spiders, etc.)	O			
22 Biomedical Waste	N			
23 Ionizing Radiation	N			
24 Non-Ionizing Radiation	N			
25 Electrical Energy	N			
26 Walking on uneven, slippery, or rough surfaces	F			
27 Proximity to moving mechanical parts (e.g., equipment, machinery)	N			
28 Proximity to moving vehicles or objects – At construction sites	O			
29 Heights (e.g., rooftop, ladders, scaffolding, etc.)	O			
30 Contact with water, other liquids, humid conditions - not weather related	N			
31 Work Below Ground: (e.g., excavation, trench, etc.)	N			
32 Potential exposure to airborne infectious diseases (e.g. clinics, labs, corrections)	N			
33 Operates non-commercial motor vehicles (cars, trucks)	O			
34 Operates commercial vehicles – CDL Class _____ Endorsements _____	N			
35 Operates passenger van to transport clients, inmates, etc.	N			
36 Pulls non-commercial trailers or equipment	N			
37 Operates heavy equipment	N			
38 Other:				

**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.)
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**

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