

COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

**JOB CLASSIFICATION:** Mail, Materials & Records Handler I/II  
**DEPARTMENT:** Information Systems  
**DOT OCCUPATION CODE:** 209.687-026; 922.687-058

**DATE COMPLETED:** 2018  
**DIVISION:** Records Management  
**PHYSICAL DEMAND STRENGTH RATING:** Medium

**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 Duty #	C. Freq 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 drive or walk in all weather conditions, and work in a warehouse setting in proximity to machinery, moving parts, and forklifts.							
Drives cargo van or step van on memorized courier routes within established timelines; picks up and delivers mail, parcels and records at County departments, outside agencies, and Post Office; inspects vehicle and equipment and reports any damage, safety, or maintenance issues.	1	C	Cargo Van; step van with hydraulic lift	Driver's License	Y	E	
Retrieves and places records boxes on shelves; loads, and unloads US mail trays, courier mail tubs, UPS packages, and records and data boxes weighing up to 40 pounds; reaches, pulls, pushes, lifts, carries, climbs, bends and squats; uses lifts, pallet jack, hand trucks and carts.	2	C	Hand trucks and carts, forklift, hydraulic lift, pallet jack.	Forklift Certification	Y	E	
Rapidly and accurately process all types of postal mail: operates	3	F	Scales, Shipping		Y	E	

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mail machines, scales, Shipping Manifest Computer System, and Bar-Code Reader/Sorter, and other machinery, to process letters, flats, postcards, and packages; sorts mail into memorized courier sorting bins; bends, stoops, reaches, and stands for extended periods of time.			Manifest Computer System; Bar-Coder Reader/Sorter;				
Communicates by phone, email, or in person with other departmental staff in response to records requests for box/file retrievals, interfiling, refiling, transfers and destruction orders while maintaining confidentiality and security of all records; resolves customer complaints.	4	O	Computer; Phone		Y	E	
Inventories Records Center holdings; keeps accurate and daily statistics for mail services, deliveries and Records Center activities; maintains electronic and paper records and files.	5	O	Computer,		Y	E	
<b>Scanning Assignment only:</b>							
Scans documents into electronic system: removes staples, paper clips, and extraneous papers/materials; organizes documents in correct order; places documents in scanning tray; enters data into computer system; verifies accuracy of scan by comparing document to scanned image; works on and off-site.	6	C	Computer, Scanning Dock, staple remover		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	1	O			
Walking	1 – 6	F			
Running		N			
Standing	1 – 6	F			
Bending-Neck	1 – 6	F			
Bending-Waist	1 – 6	F			
Squatting	1 – 6	O			
Climbing	2 & 4	O			
Kneeling	2 – 6	O			
Crawling		N			
Twisting (neck)	1 – 6	F			
Twisting (waist)	1 – 6	F			
Repetitive Hand Use	1 – 6	F			
Simple Grasping-Right Hand	1 – 6	F			
Simple Grasping-Left Hand	1 – 6	F			
Power Grasping-Right Hand		N			
Power Grasping-Left Hand		N			
Fine Manipulation-Right Hand	1 – 6	O			
Fine Manipulation-Left Hand	1 – 6	O			
Pushing and Pulling (right hand)	1 – 6	O			
Pushing and Pulling (left hand)	1 – 6	O			
Reaching (above shoulder level)	1 – 6	O			
Reaching (below shoulder level)	1 – 6	F			
Lifting-up to 10 lbs.	1 – 6	F			
Lifting-11-25 lbs.	1 – 6	O			
Lifting-26-50 lbs.	1 – 6	O			
Lifting 51-75 lbs.		N			
Lifting 76-100 lbs.		N			
Lifting 100 + lbs.		N			
Carrying 0-10 lbs.	1 – 6	F			
Carrying 11-25 lbs.	1 – 6	O			
Carrying 26-50 lbs.	1 – 6	O			
Carrying 51-75 lbs.		N			
Carrying 76-100 lbs.		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	1 - 6	C			
Functional color vision, normal or corrected	1 – 6	C			
Functional night vision, normal or corrected	1 – 6	O			
Functional hearing, normal or corrected	1 – 6	C			
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
Follow Oral Instructions	C			
Follow Written Instructions	C			
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 own work	C			
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	O			
Attention divided by issues requiring multi-tasking	F			
Work requires precise attention to detail	C			
Use of judgment in routine matters	C			
Requires use of judgment in adapting procedures from one task to another	C			
Possible legal ramifications associated with work activities or work product	O			

**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)	C			
Interactions limited to giving/receiving information	C			
Interactions exceed giving/receiving information (e.g., advises, persuades, justifies)	O			
Interactions occur under circumstances of emotional stress	N			
Risk of confrontation with violent or assaultive clients or customers	N			

**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	F			
Work Outside	F			
Extreme Heat (above 100 degrees)	O			
Extreme Cold (below 32 degrees)	O			
Excessive Noise (must raise voice to be heard)	O			
Vibration (e.g., jack hammer, 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.)	O			
Proximity to moving mechanical parts (e.g., equipment, machinery)	F			
Proximity to moving vehicles or objects	F			
Heights (e.g., rooftop, ladders, scaffolding, etc.)	O			
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)	F			
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:				

**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	N	N	
DOT Drug and Alcohol Screening	N	N	
DOT Physical Exam	N	N	
Respirator Physical Exam	N	N	
Respirator Questionnaire – Short	N	N	
Respirator Questionnaire – Standard	N	N	
Blood lead level	N	N	
Hazardous Waste/Emergency Worker physical	N	N	
Heavy metal screen (mercury, lead, arsenic)	N	N	
HINT Hearing Noise Sensitivity Testing	N	N	
Tuberculosis skin test	N	N	
Vaccine: MMR	N	N	
Vaccine: Hepatitis B	N	N	
Vaccine: Influenza	N	N	
Vaccine: Meningococcal	N	N	
Vaccine: Pneumococcal	N	N	
Vaccine: Rabies	N	N	
Vaccine: Tdap	N	N	
Vaccine: Chickenpox	N	N	

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