

COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

JOB CLASSIFICATION: Maintenance Worker I/II

DATE COMPLETED: May 2019

DEPARTMENT: Permit Sonoma

DIVISION: Fire Vegetation Management

PHYSICAL DEMAND STRENGTH RATING: Heavy/Very Heavy

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 frequently work outdoors in all types of terrain, vegetation, and weather conditions, performing duties in both daylight and dark/dim conditions.						
Requires working long and irregular hours, including nights, weekends, and holidays, during response and recovery phases of emergency situations	1	O			Essential	
Operates a chipper including: rakes/shovels brush and debris; feeds brush into chipper; stops machine when jams or malfunctions occur, and clears machine or conveyor of wood pieces; stands for long periods of time; stoops, bends, pushes, pulls, lifts, and carries brush/debris.	2	F	Chipper, Rake, Shovel, Broom, Blower, Hand tools, PPE (gloves, safety goggles)		Essential	

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Drives county vehicle/pick-up truck to and from job sites and other offsite locations, including rugged, remote, and off road locations; secures and tows trailer/chipper to various locations.	3	F	Pickup trucks, trailer, chipper	CA Class C Driver's License	Essential	
Inspects vehicles, equipment, and tools and reports damage, wear, required repairs and maintenance, and need for replacement; performs routine maintenance of equipment; cleans, sharpens, and maintains hand tools.	4	O	Hand Tools, both manual and power (e.g. screw driver, chain saw)		Essential	
Collects work/project status data (i.e., areas of service, cubic yards of fuel, time invested); completes reports; photographs vegetation before and after chipping.	5	O	Computer, Clipboard, Pen/Pencil, Cell Phone		Essential	
Performs traffic control/safety duties including; sets up and removes cones and signs.	6	O	Cones, Signs		Essential	
Continuously observes safety practices and procedures; actively utilizes and implements established safety practices; wears appropriate safety gear.	7	O	Eye and Ear Protection, Steel Toe Boots, Personal Protective Equipment (PPE)		Essential	
Communicates by phone, email, or in person with other departmental staff and members of the public to coordinate activities, answer questions, respond to complaints, and provide information; maintains a calm and professional manner, including when dealing with hostile or verbally abusive members of the public.	8	F	Computer, Phone		Essential	
Participates in training to maintain and enhance knowledge and skills necessary to perform assigned duties.	9	O			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 (<i>i.e.: Driving; Phone/email</i>)	3,8,9	F			
2 Walking (<i>i.e.: Moving tree limbs to wood chipper</i>)	3,6	F			
3 Running (<i>i.e.: Emergency</i>)		O			
4 Standing (<i>i.e.: Operating wood chipper; traffic control</i>)	2,4,6	F			
5 Bending-Neck (<i>i.e.: Inspecting vehicles/equipment, Setting up traffic cones/signs</i>)	4,6	F			
6 Bending-Waist (<i>i.e.: Inspecting vehicles</i>)	4	F			
7 Squatting (<i>i.e.: Gathering limbs/brush; Inspecting vehicles</i>)	4,6	F			
8 Climbing (<i>i.e.: Hillsides; Uneven terrain</i>)	2,3,5	F			
9 Kneeling (<i>i.e.: Dislodge materials; Inspect vehicle/equipment</i>)	2,4	O			
10 Crawling (<i>i.e.: Routine Maintenance</i>)	4	O			
11 Twisting (neck) (<i>i.e.: Driving, Operating chipper, feeding brush</i>)	2-9	F			
12 Twisting (waist) (<i>i.e.: Raking; Shoveling; Traffic control</i>)	2,6	F			
13 Repetitive Hand Use	2,3,4,6	F			
14 Simple Grasping-Right Hand (<i>i.e.: Driving; computer, documents</i>)	3,4,6	F			
15 Simple Grasping-Left Hand (<i>i.e.: Driving; computer, documents</i>)	3,4,6	F			
16 Power Grasping-Right Hand (<i>i.e.: Raking; Operating/ loading wood chipper; Operating Chainsaw/ leaf blower; Sharpens Tools</i>)	2	F			
17 Power Grasping-Left Hand (<i>i.e.: Raking; Operating/ loading wood chipper; Operating Chainsaw/ leaf blower; Sharpens Tools</i>)	2	F			
18 Fine Manipulation-Right Hand (<i>i.e.: Using misc. hand tools, Repairing equipment</i>)	4	O			
19 Fine Manipulation-Left Hand (<i>i.e.: Using misc. hand tools, Repairing equipment</i>)	4	O			
20 Pushing and Pulling (right hand) (<i>i.e.: Push to close feeder chute of wood chipper; push to move chip exit shoot</i>)	2	F			
21 Pushing and Pulling (left hand) (<i>i.e.: Push to close feeder chute of wood chipper; push to move chip exit shoot</i>)	2	F			
22 Reaching (above shoulder level) (<i>i.e.: To move shoot on top of chipper to re-direct</i>)	2	F			
23 Reaching (below shoulder level) (<i>i.e.: To access brush and limbs</i>)	2	F			
24 Lifting-up to 10 lbs. (<i>i.e.: Leaf blower, Misc. hand tools, Small brush and debris</i>)	2,4	F			
25 Lifting-11-25 lbs. (<i>i.e.: Chain saw, Misc. power tools, larger limbs</i>)	2,4	F			
26 Lifting-26-50 lbs. (<i>i.e.: Larger brush and limbs into shoot; Lifting water cooler into truck; Lifting chipper back gate/ entrance shoot to close</i>)	2	F			
27 Lifting 51-75 lbs. (<i>i.e.: Larger limbs up to 6" in diameter</i>)	2	O			
28 Lifting 76-100 lbs. <i>N/A unless team lift</i>	N/A	N			
29 Lifting 100 + lbs.	N/A	N			

Activity	Examples of Duties/Functions Requiring Activity	FREQUENCY RATING Never, Occasional; Frequent, or Constant	MEDICAL Can Perform	PROVIDER Temporarily Restricted	USE ONLY: Permanently Restricted
30 Carrying 0-10 lbs. (i.e.: Leaf blower, small tools, and rake and shovel)	2,4	F			
31 Carrying 11-25 lbs. (i.e.: Chain saw)	2	F			
32 Carrying 26-50 lbs. (i.e.: Brush and limbs)	2	F			
33 Carrying 51-75 lbs. (i.e.: Larger brush and limbs up to 6" in diameter)	2	O			
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	2 - 5	C			
2 Functional color vision, normal or corrected	N/A	N			
3 Functional night vision, normal or corrected	1	O			
4 Functional hearing, normal or corrected	2	C			
5 A sense of smell or taste	2	O			

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	F			
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	C			
2 Organize own work	O			
3 Able to ask questions or request assistance when needed	O			
4 Required to make decisions independently	C			
5 Required to train and/or lead other staff	O			
6 Required to direct other staff (e.g. planning, goal setting, performance)	O			

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	O			
2 Meet time sensitive deadlines	O			
3 Long and/or irregular hours	O			
4 Limited/unpredictable opportunity for breaks	F			
5 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
1 Variable and unpredictable workflow	O			
2 Attention divided by issues requiring multi-tasking	F			
3 Work requires precise attention to detail	O			
4 Use of judgment in routine matters	F			

Activity	FREQUENCY RATING Never, Occasional; Frequent, or Constant	MEDICAL Can Perform	PROVIDER Temporarily Restricted	USE ONLY Permanently Restricted
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	F			

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)	O			
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	O			
2 Work Outside	F			
3 Extreme Heat (above 100 degrees)	O			
4 Extreme Cold (below 32 degrees)	N			
5 Excessive Noise (must raise voice to be heard)	F			
6 Vibration (e.g., jack hammer, hammer drill, chainsaw, etc.)	O			
7 Dust, Vapors, Fumes, Smoke	F			
8 Silica, asbestos, etc.	N			
9 Solvents (e.g., gas, turpentine, etc.)	O			
10 Grease, oils	O			
11 Acidic, Caustic Solutions	N			
12 Pesticides	N			
13 Explosives (e.g., dynamite, bomb, etc.)	N			
14 Cleaning supplies, abrasives	O			
15 Other Chemicals (e.g. drugs and other contraband)	N			
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.)	F			
21 Insect Bites (e.g., ticks, mosquitos, spiders, etc.)	F			
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)	F			
28 Proximity to moving vehicles or objects	F			
29 Heights (e.g., rooftop, ladders, scaffolding, etc.)	N			
30 Contact with water, other liquids, humid conditions - not weather related	O			
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)	F			
34 Operates commercial vehicles – CDL Class <u>N/A</u> Endorsements <u>N/A</u>	F			
35 Operates passenger van to transport clients, inmates, etc.	N			
36 Pulls non-commercial trailers or equipment	F			
37 Operates heavy equipment	F			
38 Other: N/A	N			

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	X	X	Annual
2 DOT Commercial Driver Drug and Alcohol Screening			
3 DOT Commercial Driver Physical Exam			
4 Respirator Physical Exam?	X	X	C
5 Respirator Questionnaire – Short			
6 Respirator Questionnaire – Standard	X	X	Frequency in accordance with their Respirator Protection Program
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	X		
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.



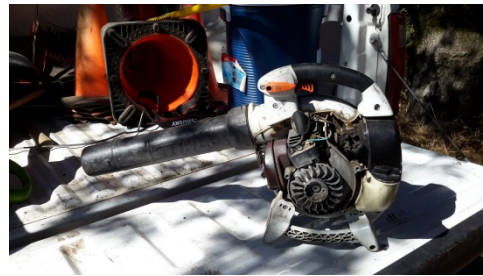
Articulating Chipper/Mulcher



Tow Hitch for Chipper/Mulcher



Exit shoot for chips. 46 lbs. push force to move.



Blower- 9 lbs.



Water cooler- 40 lbs. to 47 in. height



Fuel can- 16 lbs. and Misc. Tools/ supplies



Chainsaw – 13 lbs.



**Limbs up to 6 inches diameter into chipper.
Approximate weights from 50 to 75 lbs.**



**Wood Chipper Feed Chute- Closed
Lift force- 63 lbs. to lift and close**



Wood Chipper Feed Chute- Open

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: _____