COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

DATE COMPLETED: May 26, 2021

DIVISION: IOLERO Admin

JOB CLASSIFICATION: Programs Manager (Department Analyst) - IOLERO

DEPARTMENT: Independent Office of Law Enforcement Review and Outreach

PHYSICAL DEMAND STRENGTH RATING: Sedentary/Light

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 | C. Freq | D. Equipment or | E. Specialized | F. Essential or | Medical Provider Use Only: For |
|--|--------|---------|-----------------------|-------------------------|-----------------|----------------------------------|
| ,, | Duty | Rating | tools used to | Expertise, License, | Non- Essential | each job duty/function, indicate |
| | # | | perform (Describe) | Certification Required? | | in this column "Can Perform", is |
| | | | | (Describe) | | "Temporarily Restricted" from |
| | | | | | | performing, or is "Permanently |
| | | | | | | Restricted" from performing. |
| While performing the following duties, employees in this position | | | | | | |
| work in a typical office setting, sitting for long periods of time and | | | | | | |
| routinely using office equipment such as computers, phones, and | | | | | | |
| office equipment. | | | | | | |
| Works independently and uses good judgment while training, | 1 | F | Computer, phone, | | E | |
| leading, and supervising support staff; acts as a subject matter | | | stapler, label maker, | | | |
| expert in assigned areas such as IOLERO's budget, legislative | | | printer/copier, hole | | | |
| proposals and Board items; and conducts research as needed. | | | punch | | | |

| A. Job Duty/Function | B. Job | C. Freq | D. Equipment or | E. Specialized | F. Essential or | Medical Provider Use Only: For |
|---|--------|---------|-----------------------|-------------------------|-----------------|----------------------------------|
| | Duty | Rating | tools used to | Expertise, License, | Non- Essential | each job duty/function, indicate |
| | # | | perform (Describe) | Certification Required? | | in this column "Can Perform", is |
| | | | | (Describe) | | "Temporarily Restricted" from |
| | | | | | | performing, or is "Permanently |
| | | | | | | Restricted" from performing. |
| Working independently, enters and reviews detailed information | 2 | С | Computer, phone, | | E | |
| in databases and other computerized systems; understands, | | | stapler, label maker, | | | |
| analyzes, and applies complex rules and regulations; reviews and | | | printer/copier, hole | | | |
| verifies accuracy and completeness of data entered into systems; | | | punch | | | |
| ensures compliance with County and department policies; | | | | | | |
| researches changes, omissions, and errors; obtains information | | | | | | |
| needed to correct record; adjusts and corrects records; generates | | | | | | |
| various reports using database reporting tools, generates | | | | | | |
| documents and correspondence; communicates with others. | | | | | | |
| Using good judgment and discretion, communicates by phone, | 3 | F | Computer, phone, | | E | |
| email, or in person with staff, Community Advisory Council (CAC) | | | stapler, label maker, | | | |
| members, and managers. Explains detailed and complex | | | printer/copier, hole | | | |
| information; communicates effectively by phone, email, or in | | | punch | | | |
| person with other department and agency staff to request | | | | | | |
| guidance, advise, or offer assistance, or to resolve work issues; | | | | | | |
| reports information in a timely manner to management; | | | | | | |
| maintains a calm, courteous demeanor. | | | | | | |
| Schedules, coordinates, and participates, in meetings including | 4 | О | Computer, phone, | | E | |
| the Community Engagement program; CAC meetings including all | | | stapler, label maker, | | | |
| of the administrative and legal requirements associated with | | 1 | printer/copier, hole | | | |
| facilitating Brown Act meetings; Community Advisory Council | | | punch, hand | | | |
| subcommittee projects and meetings and Community | | | truck/cart, vehicle | | | |
| Engagement Program; and Community Policing Program. Sets up | | | | | | |
| rooms for meetings and prepares meeting materials; sets up | | | | | | |
| booths for outreach events. | | | | | | |
| Serves as liaison with the County Human Resources Department, | 5 | F | Computer, phone, | | E | |
| attending meetings, and receiving training, and reporting to | | | stapler, label maker, | | | |
| Department Head on information gathered. | | | printer/copier, hole | | | |
| | | | punch | | | |

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 | 1-5 | С | | | |
| 2 Walking (greeting people; walking to meetings) | 1-5 | 0 | | | |
| 3 Running | N/A | N | | | |
| 4 Standing | 1-5 | F | | | |
| 5 Bending-Neck | 1-5 | С | | | |
| 6 Bending-Waist | 1-5 | 0 | | | |
| 7 Squatting | N/A | N | | | |
| 8 Climbing | N/A | N | | | |
| 9 Kneeling | N/A | N | | | |
| 10 Crawling | N/A | N | | | |
| 11 Twisting (neck) | 1-5 | F | | | |
| 12 Twisting (waist) | 1-5 | 0 | | | |
| 13 Repetitive Hand Use | 1-5 | С | | | |
| 14 Simple Grasping-Right Hand | 1-5 | 0 | | | |
| 15 Simple Grasping-Right Hand | 1-5 | 0 | | | |
| 16 Power Grasping-Right Hand | 1-5 | 0 | | | |
| | 1-5 | | | | |
| 17 Power Grasping-Left Hand 18 Fine Manipulation-Right Hand (taking manual | | 0 | | | |
| notes) | 1-5 | С | | | |
| 19 Fine Manipulation-Left Hand (taking manual | 1-5 | С | | | |
| notes) | 1-5 | | | | |
| 20 Pushing and Pulling (right hand) (opening | 1-5 | С | | | |
| doors, file cabinets, and drawers) 21 Pushing and Pulling (left hand) (opening doors, | | 0 | | | |
| file cabinets, and drawers) | 1-5 | | | | |
| 22 Reaching (above shoulder level) (reaching for | 4 | 0 | | | |
| files, supplies) | 4 | | | | |
| 23 Reaching (below shoulder level) (reaching for files, supplies) | 1-5 | 0 | | | |
| 24 Lifting-up to 10 lbs. | 1-5 | 0 | | | |
| 25 Lifting-11-25 lbs. | 1-5 | 0 | | | |
| 26 Lifting-26-50 lbs. | 1-5 | N N | | | |
| 27 Lifting 51-75 lbs. | N/A | N | | | |
| 28 Lifting 76-100 lbs. | - | | | | |
| 29 Lifting 100 + lbs. | N/A | N | | | |
| | N/A 1-5 | N O | | | |
| 30 Carrying 0-10 lbs. | | 0 | | | |
| 31 Carrying 11-25 lbs. | 1-5 | 0 | | | |
| 32 Carrying 26-50 lbs. | 1-5 | N | | | |
| 33 Carrying 51-75 lbs. | N/A | N | | | |
| 34 Carrying 76-100 lbs. | N/A | N | | | |

PART 3: SENSORY REQUIREMENTS

| | Examples of | FREQUENCY RATING | MEDICAL | PROVIDER | USE ONLY |
|--|--------------------|-----------------------|---------|-------------|-------------|
| | Duties/Functions | Never, Occasional; | Can | Temporarily | Permanently |
| Activity | Requiring Activity | Frequent, or Constant | Perform | Restricted | Restricted |
| 1 Functional vision, normal or corrected | 1-5 | С | | | |
| 2 Functional color vision, normal or corrected | N/A | N | | | |
| 3 Functional night vision, normal or corrected | 1-5 | 0 | | | |
| 4 Functional hearing, normal or corrected | 1-5 | С | | | |
| 5 A sense of smell or taste | N/A | N | | | |

PART 4: COMPREHENSION LEVEL

| | FREQUENCY RATING | MEDICAL | PROVIDER | USE ONLY |
|-------------------------------------|-----------------------|---------|-------------|-------------|
| | Never, Occasional; | Can | Temporarily | Permanently |
| Activity | Frequent, or Constant | Perform | Restricted | Restricted |
| 1 Follow Oral Instructions | С | | | |
| 2 Follow Written Instructions | С | | | |
| 3 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 |
| 1 Follow set procedures | С | | | |
| 2 Organize own work | С | | | |
| 3 Able to ask questions or request assistance when needed | С | | | |
| 4 Required to make decisions independently | F | | | |
| 5 Required to train and/or lead other staff | 0 | | | |
| 6 Required to direct other staff (e.g. planning, goal setting, | F | | | |
| performance) | | | | |

PART 6: WORK PACE

| | FREQUENCY RATING | MEDICAL | PROVIDER | USE ONLY |
|--|-----------------------|---------|-------------|-------------|
| | Never, Occasional; | Can | Temporarily | Permanently |
| Activity | Frequent, or Constant | Perform | Restricted | Restricted |
| 1 Tightly scheduled and rapid pace of work activities at | F | | | |
| high volume | | | | |
| 2 Meet time sensitive deadlines | F | | | |
| 3 Long and/or irregular hours | F | | | |
| 4 Limited/unpredictable opportunity for breaks | N | | | |
| 5 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 |
| 1 Variable and unpredictable workflow | 0 | | | |
| 2 Attention divided by issues requiring multi-tasking | F | | | |
| 3 Work requires precise attention to detail | С | | | |
| 4 Use of judgment in routine matters | F | | | |
| 5 Requires use of judgment in adapting procedures from one | F | | | |
| task to another | | | | |
| 6 Possible legal ramifications associated with work activities | С | | | |
| or work product | | | | |

PART 8: INTERACTIONS WITH OTHERS

| | FREQUENCY RATING | MEDICAL | PROVIDER | USE ONLY |
|---|-----------------------|---------|-------------|-------------|
| | Never, Occasional; | Can | Temporarily | Permanently |
| Activity | Frequent, or Constant | Perform | Restricted | Restricted |
| 1 Works with others (e.g., co-workers, other | С | | | |
| departments/agencies, public) | | | | |
| 2 Interactions limited to giving/receiving information | F | | | |
| 3 Interactions exceed giving/receiving information (e.g., | F | | | |
| advises, persuades, justifies) | | | | |
| 4 Interactions occur under circumstances of emotional stress | 0 | | | |
| 5 Risk of confrontation with violent or assaultive clients or | 0 | | | |
| customers | | | | |

PART 9: ENVIRONMENTAL FACTORS/WORKING CONDITIONS:

| Activity 1 Work Inside 2 Work Outside 3 Extreme Heat (above 100 degrees) 4 Extreme Cold (below 32 degrees) 5 Excessive Noise (must raise voice to be heard) 6 Vibration (e.g., jack hammer, hammer drill, chainsaw, etc.) 7 Dust, Vapors, Fumes, Smoke 8 Silica, asbestos, etc. | Never, Occasional; Frequent, or Constant C O N N | Can Perform | Temporarily Restricted | Permanently Restricted |
|---|--|----------------|---------------------------|---------------------------|
| Work Inside Work Outside Extreme Heat (above 100 degrees) Extreme Cold (below 32 degrees) Excessive Noise (must raise voice to be heard) Vibration (e.g., jack hammer, hammer drill, chainsaw, etc.) Dust, Vapors, Fumes, Smoke | C O O N | Periorm | Restricted | Restricted |
| 2 Work Outside 3 Extreme Heat (above 100 degrees) 4 Extreme Cold (below 32 degrees) 5 Excessive Noise (must raise voice to be heard) 6 Vibration (e.g., jack hammer, hammer drill, chainsaw, etc.) 7 Dust, Vapors, Fumes, Smoke | O O N N | | | |
| 3 Extreme Heat (above 100 degrees) 4 Extreme Cold (below 32 degrees) 5 Excessive Noise (must raise voice to be heard) 6 Vibration (e.g., jack hammer, hammer drill, chainsaw, etc.) 7 Dust, Vapors, Fumes, Smoke | O N N | | | |
| 4 Extreme Cold (below 32 degrees) 5 Excessive Noise (must raise voice to be heard) 6 Vibration (e.g., jack hammer, hammer drill, chainsaw, etc.) 7 Dust, Vapors, Fumes, Smoke | N N | | | |
| 5 Excessive Noise (must raise voice to be heard) 6 Vibration (e.g., jack hammer, hammer drill, chainsaw, etc.) 7 Dust, Vapors, Fumes, Smoke | N | | | |
| 6 Vibration (e.g., jack hammer, hammer drill, chainsaw, etc.) 7 Dust, Vapors, Fumes, Smoke | | | | |
| 7 Dust, Vapors, Fumes, Smoke | N | | | |
| | N | | | |
| IX NUUTU TUUDOTTOE OTO | N | | | |
| 9 Solvents (e.g., gas, turpentine, etc.) | N | | | |
| 10 Grease, oils | N | | | |
| 11 Acidic, Caustic Solutions | N | | | |
| 12 Pesticides | N | | | |
| | | | | |
| 13 Explosives (e.g., dynamite, bomb, etc.) | N | | | |
| 14 Cleaning supplies, abrasives | 0 | | | |
| 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 19 Animal Wastes | N | | | |
| 1 11111 | N | | | |
| 20 Biological Toxins (e.g., poison ivy, poison oak, anthrax, etc.) | N | | | |
| 21 Insect Bites (e.g., ticks, mosquitos, spiders, etc.) | N | | | |
| 22 Biomedical Waste | N | | | |
| 23 Ionizing Radiation | N | | | |
| 24 Non-lonizing Radiation | N | | | |
| 25 Electrical Energy | N | | | |
| 26 Walking on uneven, slippery, or rough surfaces | 0 | | | |
| 27 Proximity to moving mechanical parts (e.g., equipment, | N | | | |
| machinery) | | | | |
| 28 Proximity to moving vehicles or objects | N | | | |
| 29 Heights (e.g., rooftop, ladders, scaffolding, etc.) | N | | | |
| 30 Contact with water, other liquids, humid conditions - not | N | | | |
| weather related | | | | |
| 31 Work Below Ground: (e.g., excavation, trench, etc.) | N | | | |
| 32 Potential exposure to airborne infectious diseases (e.g. clinics, | N | | | |
| labs, corrections) | _ | | | |
| 33 Operates non-commercial motor vehicles (cars, trucks) | 0 | | | |
| 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: | IV | | | |

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.

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



Pop-up Canopy for events



Wagon, table, chairs used at events