

COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

**JOB CLASSIFICATION:** Records and Information Manager  
**DEPARTMENT:** Information Systems Department  
**PHYSICAL DEMAND STRENGTH RATING:** Sedentary

**DATE COMPLETED:** June 2019  
**DIVISION:** Information Management

**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 the\*re 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 a typical office setting, sitting for long periods of time and routinely using office equipment such as computers, phones, photocopiers, fax machines, etc.						
Works independently and with good judgment to develop, organize, and direct the records management activities for the County: works closely with County departments, agencies, and non-profits to identify their records sets, and to develop plans for migrating the records to digital format; appraises records for historical value; identifies and implements solutions to achieve strategic goals related to records management; ensures program activities are conducted in accordance with departmental and County policies and procedures, and with applicable federal and state laws.	1	C	Computer, phone	Possession of one or more of the following certifications: Certified Records Manager, Electronics Records Manager, Enterprise Content Manager, Certified Information Privacy Professional, Project Management Professional	E	

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Manages the mail, and courier services for County Departments, Special Districts, outside government agencies, and non-profit organizations; develops, directs, and maintains schedules for the delivery of records and mail to/from all customers.	2	F	Computer, phone		E	
Provides direction, both orally and in writing, to staff to ensure goals are met; plans, organizes, and assigns work; evaluates, reviews, and monitors activity of staff, both formally and informally, in writing and in person; takes appropriate disciplinary action in conjunction with Human Resources staff; participates in hiring interviews and decisions; utilizes appropriate discretion and assures compliance with County policy and federal and state laws in matters of employee relations, EEO, and ADA.	3	F	Computer, phone		E	
Communicates, by phone, email, and in person with other departments and staff to advise on policy and administrative matters related to records management; consults, collaborates with, and solicits the cooperation of various stakeholders on records management, and on analyzing program needs; establishes professional and effective working relationships; seeks input from all interested parties.	4	F	Computer, phone		E	
Prepares reports, policies, and procedures, consistent with Board direction, County policies, and relevant law; reviews departmental records retention schedules; presents reports orally and in writing to the Board of Supervisors.	5	O	Computer		E	
Assists with the research, analysis, and preparation of the division budget; determines priorities; ensures expenditures conform to approved funding.	6	O	Computer		E	
Reviews County documents for historical relevance; makes recommendations to Historical Records Commission as to historical significance and retention of documents; attends meetings of the Historical Records Commission to recommend, advise, persuade and inform Commission members on historical documents, industry standards, and related information.	7	O			E	

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Participates in continuous training, research, study, and professional networking, both of and off-site, to keep current on new developments, standards, and best practices related to records management; provides training on records information management; makes presentations to other government agencies.	8	O	Computer		E	
Actively participates in County and public committees; provides input and makes recommendations; responds to requests for information; reports information back to the Department Head, Division Director, and other interested parties.	9	O	Computer		E	
Conducts regular safety meetings and continuously enforces safety practices and procedures; observes work being performed for compliance with safety practices and procedures and corrects unsafe behavior; actively utilizes and implements established safety practices; proposes and implements new safety practices as needed.	10	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	1-10	C			
2 Walking (to and within the Records Center)	1-3,10	F			
3 Running	N/A	N			
4 Standing (working at raised computer desk; talking to staff)	1-10	F			
5 Bending-Neck (working at desk; looking down and to the side at notes)	1-10	C			
6 Bending-Waist (accessing items below waist level –files, books, other resources)	1,2,5,6	O			
7 Squatting	N/A	N			
8 Climbing (curb, stairs)	1-3,7,9	O			
9 Kneeling	N/A	N			
10 Crawling	N/A	N			
11 Twisting (neck) (looking from computer to notes; looking at multiple persons in vicinity)	1-10	F			
12 Twisting (waist) (looking from computer to notes; looking at multiple persons in vicinity)	1-10	O			
13 Repetitive Hand Use	1-10	F			
14 Simple Grasping-Right Hand(i.e., holding mobile devices; holding file folders)	1-10	O			
15 Simple Grasping-Left Hand(i.e., holding mobile devices; holding file folders)	1-10	O			
16 Power Grasping-Right Hand	N/A	N			
17 Power Grasping-Left Hand	N/A	N			
18 Fine Manipulation-Right Hand (ie, taking notes manually)	1-10	O			
19 Fine Manipulation-Left Hand (ie, taking notes manually)	1-10	O			
20 Pushing and Pulling (right hand) ) (ie, doors, cabinet drawers)	1,2,5,6	O			
21 Pushing and Pulling (left hand) ) (ie, doors, cabinet drawers)	1,2,5,6	O			
22 Reaching (above shoulder level) (to access files and resources in overhead cabinets)	1,2,5,6	O			
23 Reaching (below shoulder level) (to access files and resources in lower desk drawers)	1,2,5,6	O			
24 Lifting-up to 10 lbs. (i.e., laptops; mobile devices; files)	1-10	O			
25 Lifting-11-25 lbs.	N/A	N			
26 Lifting-26-50 lbs.	N/A	N			
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. (i.e., laptops; mobile devices; files)	1-10	O			
31 Carrying 11-25 lbs.	N/A	N			
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	1-10	C			

Activity	Examples of Duties/Functions Requiring Activity	FREQUENCY RATING Never, Occasional; Frequent, or Constant	MEDICAL Can Perform	PROVIDER Temporarily Restricted	USE ONLY Permanently Restricted
2 Functional color vision, normal or corrected (preparing presentation materials)	5,7	O			
3 Functional night vision, normal or corrected	N/A	N			
4 Functional hearing, normal or corrected	1-9	C			
5 A sense of smell or taste	N/A	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	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	F			
2 Organize own work	C			
3 Able to ask questions or request assistance when needed	C			
4 Required to make decisions independently	C			
5 Required to train and/or lead other staff	C			
6 Required to direct other staff (e.g. planning, goal setting, performance)	C			

**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	F			
3 Long and/or irregular hours	O			
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	F			
2 Attention divided by issues requiring multi-tasking	C			
3 Work requires precise attention to detail	O			
4 Use of judgment in routine matters	C			
5 Requires use of judgment in adapting procedures from one task to another	C			
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)	C			
2 Interactions limited to giving/receiving information	O			
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 (members of the public, including homeless individuals in close proximity to work locations)	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	N			
3 Extreme Heat (above 100 degrees)	N			
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.	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	N			
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.)	N			
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	O			
27 Proximity to moving mechanical parts (e.g., equipment, machinery) (mail machines; scissor lifts)	O			
28 Proximity to moving vehicles or objects (scissor lifts, forklifts)	O			
29 Heights (e.g., rooftop, ladders, scaffolding, etc.)	N			
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)	N			
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:	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.)
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: \_\_\_\_\_