COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

JOB CLASSIFICATION: Department Analyst/Lower Russian River Ombudsperson DEPARTMENT: CAO PHYSICAL DEMAND STRENGTH RATING: sedentary/light

DATE COMPLETED: 07/01/2019 DIVISION:

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		-	D. Equipment or	•		Medical Provider Use Only:
	Duty	Rating	tools used to	Expertise, License,	Non- Essential	For each job duty/function,
	#		perform (Describe)	Certification Required?		indicate in this column "Can
				(Describe)		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, and						
other office equipment						
Working independently, gains working knowledge of the Russian	1	С	Computer, phone		E	
River TMDL and the challenges faced by the lower Russian River						
property owners. Enters and reviews detailed records in						
databases and other computerized systems, understands,						
analyzes and applies complex rules and regulations; reviews and						
verifies accuracy and completeness of property records; ensures						
compliance with County and department policies, researches						
omissions and errors; obtains information needed to correct						
records; generates reports using database reporting tools.						

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B Joh	C Frag	D. Equipment or	E Specialized	E Essential or	Medical Provider Use Only:
	-				For each job duty/function,
Buty #	-				indicate in this column "Can
#		periorin (Describe)			Perform", is "Temporarily
			(Describe)		Restricted" from performing,
					or is "Permanently Restricted"
					-
2	<u> </u>	Computer phone		F	from performing.
2	C	computer, phone		E	
3		•		E	
		phone			
4	F	Computer and		E	
		phone			
5	F	Computer and		E	
		•			
		Duty Rating # 2 2 C 3 F 4 F 5 F	3 F Computer and phone 3 F Computer and phone 4 F Computer and phone 5 F Computer and	Duty #Rating tools used to perform (Describe)Expertise, License, Certification Required? (Describe)2CComputer, phone3FComputer and phone4FComputer and 	Duty #Rating perform (Describe)tools used to perform (Describe)Expertise, License, Certification Required? (Describe)Non- Essential2CComputer, phoneE3FComputer and phoneE4FComputer and phoneE5FComputer andE

PART 2: PHYSICAL DEMANDS

	Examples of	FREQUENCY RATING	MEDICAL	PROVIDER	USE ONLY:
Activity	Duties/Functions	Never, Occasional,	Can	Temporarily	Permanently
	Requiring Activity	Frequent, or Constant	Perform	Restricted	Restricted
1 Sitting	1-5	C			
2 Walking	1-2	F			
3 Running	N/A	N			
4 Standing	1-5	F			
5 Bending-Neck	1-5	F			
6 Bending-Waist	1-5	0			
7 Squatting	N/A	Ν			
8 Climbing	3	0			
9 Kneeling	N/A	Ν			
10 Crawling	N/A	N			
11 Twisting (neck)	1-5	0			
12 Twisting (waist)	1-5	0			
13 Repetitive Hand Use	1-5	F			
14 Simple Grasping-Right Hand	1-5	0			
15 Simple Grasping-Left Hand	1-5	0			
16 Power Grasping-Right Hand	N/A	N			
17 Power Grasping-Left Hand	N/A	N			
18 Fine Manipulation-Right Hand	1-5	0			
19 Fine Manipulation-Left Hand	1-5	0			
20 Pushing and Pulling (right hand)	1-5	0			
21 Pushing and Pulling (left hand)	1-5	0			
22 Reaching (above shoulder level)	1-5	0			
23 Reaching (below shoulder level)	1-5	0			
24 Lifting-up to 10 lbs.	1-5	0			
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.	1-5	0			
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

	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	3	0			
4 Functional hearing, normal or corrected	2-5	0			
5 A sense of smell or taste	3	0			

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	С			

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	F			
2 Organize own work	С			
3 Able to ask questions or request assistance when needed	С			
4 Required to make decisions independently	С			
5 Required to train and/or lead other staff	N			
5 Required to direct other staff (e.g. planning, goal setting,	N			
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	С			
3 Long and/or irregular hours	0			
4 Limited/unpredictable opportunity for breaks	F			
5 Required to perform on-call or emergency work	0			

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	F			
2 Attention divided by issues requiring multi-tasking	F			
3 Work requires precise attention to detail	С			
4 Use of judgment in routine matters	С			
5 Requires use of judgment in adapting procedures from one	С			
task to another				
6 Possible legal ramifications associated with work activities	0			
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., advises, persuades, justifies)	F			
4 Interactions occur under circumstances of emotional stress	E E			
	Г	-		
5 Risk of confrontation with violent or assaultive clients or	0			
customers				

FREQUENCY RATING MEDICAL USE ONLY PROVIDER Never. Occasional: Can Permanently Temporarily Activity Perform Restricted Frequent, or Constant Restricted 1 Work Inside F Work Outside F 3 Extreme Heat (above 100 degrees) 0 4 Extreme Cold (below 32 degrees) Ν 5 Excessive Noise (must raise voice to be heard) 0 6 Vibration (e.g., jack hammer, hammer drill, chainsaw, etc.) Ν Dust, Vapors, Fumes, Smoke 0 8 Silica, asbestos, etc. Ν 9 Solvents (e.g., gas, turpentine, etc.) Ν LO Grease, oils Ν 11 Acidic, Caustic Solutions Ν 12 Pesticides Ν 13 Explosives (e.g., dynamite, bomb, etc.) Ν 14 Cleaning supplies, abrasives Ν 15 Other Chemicals (e.g. drugs and other contraband) Ν 16 Human Blood, Body Tissues, or Fluids Ν 17 Human Wastes Ν 18 Animal Blood, Body Tissues, or Fluids Ν 19 Animal Wastes Ν 20 Biological Toxins (e.g., poison ivy, poison oak, anthrax, etc.) 0 21 Insect Bites (e.g., ticks, mosquitos, spiders, etc.) Ν 22 Biomedical Waste Ν 23 Ionizing Radiation Ν 24 Non-Ionizing Radiation Ν 25 Electrical Energy Ν 0 26 Walking on uneven, slippery, or rough surfaces 27 Proximity to moving mechanical parts (e.g., equipment, 0 machinery) 28 Proximity to moving vehicles or objects 0 29 Heights (e.g., rooftop, ladders, scaffolding, etc.) Ν 30 Contact with water, other liquids, humid conditions - not 0 weather related 31 Work Below Ground: (e.g., excavation, trench, etc.) Ν 32 Potential exposure to airborne infectious diseases (e.g. clinics, Ν labs, corrections) 33 Operates non-commercial motor vehicles (cars, trucks) Ν 34 Operates commercial vehicles – CDL Ν Endorsements Class 35 Operates passenger van to transport clients, inmates, etc. Ν 36 Pulls non-commercial trailers or equipment Ν 37 Operates heavy equipment Ν 38 Other:

PART 9: ENVIRONMENTAL FACTORS/WORKING CONDITIONS:

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	Ν		
2 DOT Commercial Driver Drug and Alcohol Screening	Ν		
3 DOT Commercial Driver Physical Exam	Ν		
4 Respirator Physical Exam	Ν		
5 Respirator Questionnaire – Short	Ν		
6 Respirator Questionnaire – Standard	Ν		
7 Blood lead level	Ν		
8 Hazardous Waste/Emergency Worker physical	N		
9 Heavy metal screen (mercury, lead, arsenic)	Ν		
10 HINT Hearing Noise Sensitivity Testing	Ν		
11 Tuberculosis skin test	Ν		
12 Vaccine: MMR	Ν		
13 Vaccine: Hepatitis A & B series	Ν	Y	
14 Vaccine: Influenza	Ν		
15 Vaccine: Meningococcal	N		
16 Vaccine: Pneumococcal	N		
17 Vaccine: Rabies	N		
18 Vaccine: Rabies Titer	N		
19 Vaccine: Tdap	Y		
20 Vaccine: Chickenpox	N		

PART 11: ADDITIONAL INFORMATION, PICTURES, ETC.