

COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

JOB CLASSIFICATION: Secretary
DEPARTMENT: Northern Sonoma County Air Pollution Control District (NSCAPCD)
PHYSICAL DEMAND STRENGTH RATING: Light

DATE COMPLETED: 1/18/19
DIVISION: NA

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. Employees in this position also provide support for various internal and external meetings including preparing meeting materials, transporting supplies, setting up meeting rooms, and taking minutes at a board meeting.						

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Communicates by phone, in person, or by email or other written format with departmental staff, members of the public, and public and private agencies; explains regulations, policies and procedures; provides forms and other materials; assists in the proper completion of forms; asks questions of caller to screen and route telephone calls and messages; directs and announces visitors; maintains a calm and professional demeanor when dealing with emotionally distraught, verbally abusive, or confrontational customers.	1	F	Computer, Phone		Essential	
Prepares and processes a variety of materials such as letters, reports, memos, and forms; reviews and revises templates and forms as needed to ensure compliance with changing requirements and to maximize efficiencies.	2	F	Computer, Phone		Essential	
Develop and electronically distribute announcements and information, and develop, produce, reproduce, publish and electronically distribute materials and handouts; collate/organize copies, and place materials into binders.	3	O	Computer, Phone		Essential	
Coordinates events with County and third-parties including scheduling of rooms and attendees, confirming receipt of meeting materials and equipment, and ensuring rooms are set-up appropriately.	4	O	Computer, Phone		Essential	
Handles routine matters for Director.	5	F	Computer, Phone		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	1, 2, 3, 4, 5	F			
2 Walking	1, 2, 3, 4, 5	O			
3 Running	N/A	N			
4 Standing	1, 2, 3, 4, 5	O			
5 Bending-Neck	1, 2, 3, 4, 5	F			
6 Bending-Waist	1, 2, 3, 4, 5	F			
7 Squatting	1, 2, 3, 4, 5	O			
8 Climbing	1, 2, 3, 4, 5	O			
9 Kneeling	1, 2, 3, 4, 5	O			
10 Crawling	1, 2, 3, 4, 5	O			
11 Twisting (neck)	1, 2, 3, 4, 5	F			
12 Twisting (waist)	1, 2, 3, 4, 5	O			
13 Repetitive Hand Use	1, 2, 3, 4, 5	C			
14 Simple Grasping-Right Hand	1, 2, 3, 4, 5	O			
15 Simple Grasping-Left Hand	1, 2, 3, 4, 5	O			
16 Power Grasping-Right Hand	1, 2, 3, 4, 5	O			
17 Power Grasping-Left Hand	1, 2, 3, 4, 5	O			
18 Fine Manipulation-Right Hand	1, 2, 3, 4, 5	O			
19 Fine Manipulation-Left Hand	1, 2, 3, 4, 5	O			
20 Pushing and Pulling (right hand)	1, 2, 3, 4, 5	O			
21 Pushing and Pulling (left hand)	1, 2, 3, 4, 5	O			
22 Reaching (above shoulder level)	1, 2, 3, 4, 5	O			
23 Reaching (below shoulder level)	1, 2, 3, 4, 5	O			
24 Lifting-up to 10 lbs.	1, 2, 3, 4, 5	O			
25 Lifting-11-25 lbs.	1, 2, 3, 4, 5	O			
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, 2, 3, 4, 5	O			
31 Carrying 11-25 lbs.	1, 2, 3, 4, 5	O			
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, 2, 3, 4, 5	C			
2 Functional color vision, normal or corrected	N/A	N			
3 Functional night vision, normal or corrected	1, 2, 3, 4, 5	O			
4 Functional hearing, normal or corrected	1, 2, 3, 4, 5	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	Frequent			
2 Follow Written Instructions	Frequent			
3 Required to sustain concentration	Constant			

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	Frequent			
2 Organize own work	Frequent			
3 Able to ask questions or request assistance when needed	Occasional			
4 Required to make decisions independently	Occasional			
5 Required to train and/or lead other staff	Occasional			
6 Required to direct other staff (e.g. planning, goal setting, performance)	Never			

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	Frequent			
2 Meet time sensitive deadlines	Frequent			
3 Long and/or irregular hours	Occasional			
4 Limited/unpredictable opportunity for breaks	Occasional			
5 Required to perform on-call or emergency work	Never			

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	Frequent			
2 Attention divided by issues requiring multi-tasking	Frequent			
3 Work requires precise attention to detail	Constant			
4 Use of judgment in routine matters	Constant			
5 Requires use of judgment in adapting procedures from one task to another	Occasional			
6 Possible legal ramifications associated with work activities or work product	Occasional			

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)	Constant			
2 Interactions limited to giving/receiving information	Frequent			
3 Interactions exceed giving/receiving information (e.g., advises, persuades, justifies)	Frequent			
4 Interactions occur under circumstances of emotional stress	Occasional			
5 Risk of confrontation with violent or assaultive clients or customers	Never			

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

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			
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

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: _____