#### COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

JOB CLASSIFICATION: Communications Technician Intern

**DEPARTMENT: Sheriff's Office** 

PHYSICAL DEMAND STRENGTH RATING: Medium

DATE COMPLETED: 04/13/2023 DIVISION: Telecommunications

#### 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<br>time per shift | Repetition (#<br>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:

| M. JOB DULY/I direction   |   | Rating | D. Equipment or<br>tools used to<br>perform (Describe)                      | P  | 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. |
|---|---|--------|---|----|----------------|--|
| Learns and assists with performing tests on circuits, transistors, and other components using various specialized test equipment; isolate defects in circuits and equipment components and correct or replace them. When moving equipment around, team lift and carry will be required on any equipment weighing in excess of 50 lbs. |   | F      | Comm Service<br>Monitor, O-Scope,<br>Voltmeter, Watt<br>Meter, rolling cart | No | Essential      |  |
| Learns to read and interpret electrical and electronic diagrams and service manuals.  | 2 | 0      | Technical publications  | No | Essential      |  |
| Learns to and assists with programming, adjusting, and checking radios for peak performance.  | 3 | О      | Comm Service<br>Monitor, O-Scope,<br>Voltmeter, Watt<br>Meter;              | No | Essential      |  |

| A. Job Duty/Function   |   | Rating | tools used to                  |    | 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. |
|--|---|--------|--------------------------------|----|----------------|--|
| Learns how to and assists with preparing reports, work orders, costs, and timesheets; maintain accurate logs and record of work completed. | 4 |        | Computer keyboard<br>and mouse | No | Essential      |  |
|  |   |        |                                |    |                |  |
|  |   |        |                                |    |                |  |

**PART 2: PHYSICAL DEMANDS** 

|                                     | Examples of        | FREQUENCY RATING      | MEDICAL    | PROVIDER     | USE ONLY:   |
|-------------------------------------|--------------------|-----------------------|------------|--------------|-------------|
| Activity                            | Duties/Functions   | Never, Occasional;    | Can        |              | Permanently |
| 1 Citation                          | Requiring Activity | Frequent, or Constant | Perform    | Restricted   | Restricted  |
| 1 Sitting                           | 1,2,3,4            | Frequent              |            | <del> </del> |             |
| 2 Walking                           | 1,3                | Occasional            |            |              |             |
| 3 Running                           | Not Required       | Never                 | -          |              |             |
| 4 Standing                          | 1,2,3              | Occasional            | ļ <u> </u> |              |             |
| 5 Bending-Neck                      | 1,2,3,4            | Occasional            | <u> </u>   | ļ,           |             |
| 6 Bending-Waist                     | 1,3                | Occasional            |            | <u>'</u>     | <u> </u>    |
| 7 Squatting                         | 1,3                | Occasional            | ļ          |              |             |
| 8 Climbing                          | Not Required       | Never                 |            |              | \           |
| 9 Kneeling                          | 1,3                | Occasional            |            |              |             |
| 10 Crawling                         | 1,3                | Occasional            |            |              |             |
| 11 Twisting (neck)                  | 1,3                | Occasional            |            |              |             |
| 12 Twisting (waist)                 | 1,3                | Occasional            |            |              |             |
| 13 Repetitive Hand Use              | 1                  | Frequent              |            |              |             |
| 14 Simple Grasping-Right Hand       | 1,3                | Occasional            |            |              |             |
| 15 Simple Grasping-Left Hand        | 1,3                | Occasional            |            |              |             |
| 16 Power Grasping-Right Hand        | Not Required       | Never                 |            |              |             |
| 17 Power Grasping-Left Hand         | Not Required       | Never                 |            |              |             |
| 18 Fine Manipulation-Right Hand     | 1,3                | Occasional            |            |              |             |
| 19 Fine Manipulation-Left Hand      | 1,3                | Occasional            |            |              |             |
| 20 Pushing and Pulling (right hand) | 1,3                | Occasional            |            |              |             |
| 21 Pushing and Pulling (left hand)  | 1,3                | Occasional            |            |              |             |
| 22 Reaching (above shoulder level)  | 1,3                | Occasional            |            |              |             |
| 23 Reaching (below shoulder level)  | 1,3                | Occasional            |            |              |             |
| 24 Lifting-up to 10 lbs.            | 1,3                | Occasional            |            |              |             |
| 25 Lifting-11-25 lbs.               | 1,3                | Occasional            |            |              |             |
| 26 Lifting-26-50 lbs.               | 1,3                | Occasional            |            |              |             |
| 27 Lifting 51-75 lbs.               | Not Required       | Never                 |            |              |             |
| 28 Lifting 76-100 lbs.              | Not Required       | Never                 |            |              |             |
| 29 Lifting 100 + lbs.               | Not Required       | Never                 |            |              |             |
| 30 Carrying 0-10 lbs.               | 1,3                | Occasional            |            |              |             |
| 31 Carrying 11-25 lbs.              | 1,3                | Occasional            |            |              |             |
| 32 Carrying 26-50 lbs.              | 1,3                | Occasional            |            |              |             |
| 33 Carrying 51-75 lbs.              | Not Required       | Never                 |            |              |             |
| 34 Carrying 76-100 lbs.             | Not Required       | Never                 |            |              |             |

### **PART 3: SENSORY REQUIREMENTS**

|  | Examples of                            | FREQUENCY RATING Never, Occasional; | <br> | USE ONLY<br>Permanently |
|--|--|-------------------------------------|------|-------------------------|
| Activity                                       | Dutles/Functions<br>Requiring Activity | Frequent, or Constant               |      | Restricted              |
| 1 Functional vision, normal or corrected       | 1,2,3,4                                | Frequent                            |      |                         |
| 2 Functional color vision, normal or corrected | 3                                      | Frequent                            |      |                         |
| 3 Functional night vision, normal or corrected | Not Required                           | Never                               |      |                         |
| 4 Functional hearing, normal or corrected      | 1,3                                    | Frequent                            |      |                         |
| 5 A sense of smell or taste                    | 3                                      | Frequent                            |      |                         |

5 Risk of confrontation with violent or assaultive clients or

customers

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|   | FREQUENCY RATING                            |  |  | USE ONLY   |
|---|---|--|--|--|
|   | Never, Occasional;                          |  | Temporarily                                      |  |
| Activity  | Frequent, or Constant                       | Perform  | Restricted                                       | Restricted                                       |
| 1 Follow Oral Instructions                                      | Frequent                                    |  |  |  |
| 2 Follow Written Instructions                                   | Frequent                                    |  |  |  |
| 3 Required to sustain concentration                             | Frequent                                    | <u> </u>   |  |  |
| ART 5: NATURE OF TASKS  |   |  |  |  |
|   | FREQUENCY RATING                            | 1  | PROVIDER   | USE ONLY<br>Permanenti                           |
| A satisfies   | Never, Occasional;<br>Frequent, or Constant |  | Temporarily<br>Restricted                        | Restricted                                       |
| Activity  1 Follow set procedures                               | Frequent                                    | Terrorm  | restricted                                       | 1100011000                                       |
|   | Frequent                                    | l  |  | <del>                                     </del> |
| 2 Organize own work   |   |  |  | -  |
| 3 Able to ask questions or request assistance when needed       | Frequent                                    |  |  | <del>                                     </del> |
| 4 Required to make decisions independently                      | Occasional                                  |  |  | <del> </del>                                     |
| 5 Required to train and/or lead other staff                     | Never                                       |  |  |  |
| 6 Required to direct other staff (e.g. planning, goal setting,  | Never                                       |  |  |  |
| performance)  |   | <u> </u>   |  |  |
| ART 6: WORK PACE  |   |  |  | 1  |
|   | FREQUENCY RATING                            | 1  | PROVIDER   | USE ONLY<br>Permanent                            |
| Activity  | Never, Occasional;<br>Frequent, or Constant | Can  | Temporarily<br>Restricted                        | Restricted                                       |
| 1 Tightly scheduled and rapid pace of work activities at        | Never                                       | ·  | 11000,1000                                       |  |
| high volume   | Nevel                                       | ļ  |  |  |
| 2 Meet time sensitive deadlines                                 | Occasional                                  |  |  |  |
|   | Never                                       | <del>                                     </del> |  |  |
| 3 Long and/or irregular hours                                   | <del></del>                                 |  |  | _  |
| 4 Limited/unpredictable opportunity for breaks                  | Never                                       |  |  | -  |
| 5 Required to perform on-call or emergency work                 | Never                                       | <u> </u>   |  | <u></u>  |
| ART 7: COMPLEXITY/VARIABILITY                                   |   | MEDICAL  | PROVIDER   | USE ONL  |
|   | FREQUENCY RATING Never, Occasional;         | Can  | Temporarily                                      |  |
| Activity  | Frequent, or Constant                       | Perform  | Restricted                                       | Restricte  |
| 1 Variable and unpredictable workflow                           | Occasional                                  |  |  |  |
| 2 Attention divided by issues requiring multi-tasking           | Never                                       |  | · · · · · · · · · · · · · · · · · · ·            |  |
| 3 Work requires precise attention to detail                     | Occasional                                  |  |  | -  |
| 4 Use of judgment in routine matters                            | Occasional                                  |  | <del></del>                                      |  |
| 5 Requires use of judgment in adapting procedures from one      | Occasional                                  |  |  |  |
| task to another   | Occasional                                  |  |  |  |
|   | Never                                       |  |  |  |
| 6 Possible legal ramifications associated with work activities  | Never                                       |  |  |  |
| or work product   |   |  |  |  |
| ART 8: INTERACTIONS WITH OTHERS                                 | FREQUENCY PATING                            | MEDICAL  | PROVIDER   | USE ONL  |
|   | FREQUENCY RATING Never, Occasional;         | Can  | Temporarily                                      |  |
| Activity  | Frequent, or Constant                       | Perform  |  | Restricte  |
| 1 Works with others (e.g., co-workers, other                    | Occasional                                  |  |  |  |
| departments/agencies, public)                                   |   |  |  |  |
| 2 Interactions limited to giving/receiving information          | Occasional                                  |  |  |  |
| 3 Interactions exceed giving/receiving information (e.g.,       | Never                                       |  |  |  |
| advises, persuades, justifies)                                  | 110701                                      |  |  |  |
| 4 Interactions occur under circumstances of emotional stress    | Never                                       | <del>                                     </del> | <del>                                     </del> |  |
| - M Interactions cosum under eireumeteness et exectional strass |   |  |  |  |

Never

PART 9: ENVIRONMENTAL FACTORS/WORKING CONDITIONS:

|  | FREQUENCY RATING                            | MEDICAL        | PROVIDER                  | USE ONLY                  |
|--|---|----------------|---------------------------|---------------------------|
| Activity   | Never, Occasional;<br>Frequent, or Constant | Can<br>Perform | Temporarily<br>Restricted | Permanently<br>Restricted |
| 1 Work Inside  | Frequent                                    | remonii        | Nesdicted                 | Nestricted                |
| 2 Work Outside   | Occasional                                  |                |                           |                           |
| 3 Extreme Heat (above 100 degrees)                                   | Occasional                                  |                |                           |                           |
| 4 Extreme Cold (below 32 degrees)                                    | Occasional                                  |                |                           |                           |
| 5 Excessive Noise (must raise voice to be heard)                     | Occasional                                  |                |                           |                           |
| 6 Vibration (e.g., jack hammer, hammer drill, chainsaw, etc.)        | Never                                       |                |                           |                           |
|  | Never                                       |                |                           |                           |
| 7 Dust, Vapors, Fumes, Smoke   | Never                                       |                |                           |                           |
| 8 Silica, asbestos, etc.   | Never                                       |                |                           | <u> </u>                  |
| 9 Solvents (e.g., gas, turpentine, etc.)                             |   |                |                           |                           |
| 10 Grease, oils  | Occasional                                  | -              |                           |                           |
| 11 Acidic, Caustic Solutions   | Never                                       |                |                           | <u>.</u>                  |
| 12 Pesticides  | Never                                       |                |                           |                           |
| 13 Explosives (e.g., dynamite, bomb, etc.)                           | Never                                       |                |                           |                           |
| 14 Cleaning supplies, abrasives                                      | Occasional                                  | ļ              |                           |                           |
| 15 Other Chemicals (e.g. drugs and other contraband)                 | Never                                       | ļ              |                           | ļ                         |
| 16 Human Blood, Body Tissues, or Fluids                              | Never                                       |                |                           | <u> </u>                  |
| 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-lonizing Radiation  | Frequent                                    |                |                           |                           |
| 25 Electrical Energy   | Frequent                                    |                |                           |                           |
| 26 Walking on uneven, slippery, or rough surfaces                    | Occasional                                  |                |                           |                           |
| 27 Proximity to moving mechanical parts (e.g., equipment,            | Never                                       |                |                           |                           |
| machinery)   |   |                |                           |                           |
| 28 Proximity to moving vehicles or objects                           | Occasional                                  |                |                           |                           |
| 29 Heights (e.g., rooftop, ladders, scaffolding, etc.)               | Never                                       |                |                           |                           |
| 30 Contact with water, other liquids, humid conditions - not         | Occasional                                  |                |                           |                           |
| weather related  |   |                |                           | l                         |
| 31 Work Below Ground: (e.g., excavation, trench, etc.)               | Never                                       |                |                           |                           |
| 32 Potential exposure to airborne infectious diseases (e.g. clinics, | Never                                       |                |                           |                           |
| labs, corrections)   |   |                |                           |                           |
| 33 Operates non-commercial motor vehicles (cars, trucks)             | Occasional                                  | 1              | <u> </u>                  |                           |
| 34 Operates commercial vehicles – CDL                                | Never                                       |                |                           |                           |
| ClassEndorsements  |   | ļ.             | ļ                         |                           |
| 35 Operates passenger van to transport clients, inmates, etc.        | Never                                       |                |                           | ļ                         |
| 36 Pulls non-commercial trailers or equipment                        | Never                                       |                |                           | <b>_</b>                  |
| 37 Operates heavy equipment  | Never                                       |                |                           | <u> </u>                  |
| 38 Other:  |   |                |                           |                           |

### 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                            |          |           | <u> </u>             |
| 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.

- Lifting and carrying requirements should be utilizing two-person lift and carry.
- Intern does not need to be color vision testing but can always ask for clarification on the colors if necessary.









