COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

JOB CLASSIFICATION: Department Program Manager DEPARTMENT: Emergency Management PHYSICAL DEMAND STRENGTH RATING: Sedentary

DATE COMPLETED: June 6, 2023 DIVISION: Special Departmental Programs

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 | | - | D. Equipment or tools used to | | | Medical Provider Use Only: For each job duty/function, indicate |
|---|---|--------|-------------------------------|---------------------------------------|---|--|
| | # | Nating | perform (Describe) | Certification Required? (Describe) | | 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. | | | | | | |
| Working independently and with discretion, plans and coordinates outreach and community engagement on water hazard issues; identifies and engages all stakeholders; gathers and analyzes data; establishes and monitors priorities; analyzes complex issues;; integrates new requirements to meet legal requirements and local needs; researches, evaluates, and recommends potential solutions, both orally and in writing; coordinates activities with various departmental divisions and other departments and agencies; follows direction of Director and Deputy Director in implementing new plans. | 1 | C | Computer, phone, | | E | |

| A. Job Duty/Function | Duty # | | D. Equipment or tools used to perform (Describe) Computer, phone | E. Specialized Expertise, License, Certification Required? (Describe) | | 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. |
|--|-----------|---|---|--|---|---|
| legislative, fiscal, and/or community water hazards issues with a focus on California ecosystems, principles of climate change, sustainability, adaptation, and resiliency. | 2 | | computer, priorie | | L | |
| Prepares, reviews, and edits complex and technical written documents, including charts, datavisualizations, and supporting documentation; ensures all documents are complete; ensures consistency and accuracy with data rep. | 3 | F | Computer, phone | | E | |
| Communicates with elected and appointed officials, fellow regulatory staff/agencies, and the general public, in person, by phone, and email; meets with applicants, groups, professionals to discuss policy, standards, and procedures; explains complex codes, policies, and procedures; answers questions regarding project progress requests information; responds to general questions related to policies and regulations; works in a heavy volume and fast paced environment. | 4 | F | Computer, phone, | | E | |
| Attends stakeholder meetings; provides subject matter expertise; presents information to an audience; participates in meetings w/other division/agencies/jurisdictions and provides subject matter expert level consultation. | 5 | F | Computer, phone, | | E | |
| Participates in continuous training to maintain and enhance knowledge and skills required for this position. | 6 | 0 | Computer, phone | | E | |
| Works long and irregular hours, including nights, weekends, and holidays during response and recovery phases of emergency situations at the Emergency Operations Center or other assigned | 7 | 0 | Computer, phone | | E | |
| Drives county vehicle/pick-up truck throughout the county, including to rugged and remote locations during site visits for pre and post disaster site assessments. | 8 | 0 | Phone, Vehicle; GPS; Maps | License | E | |
| Travels to various locations to attend site/field visits during or after a disaster, which may include: wet, muddy or slippery ground, | 9 | 0 | Phone, Vehicle; GPS; Maps | CA Class C Driver's License | E | |

PART 2: PHYSICAL DEMANDS

| | Examples of | FREQUENCY RATING | MEDICAL | PROVIDER | USE ONLY: |
|-------------------------------------|--------------------|-----------------------|---------|-------------|-------------|
| Activity | Duties/Functions | Never, Occasional; | Can | Temporarily | Permanently |
| 1. Cittin - | Requiring Activity | Frequent, or Constant | Perform | Restricted | Restricted |
| 1 Sitting | 1-9 | C | | | |
| 2 Walking | 1-9 | 0 | | | |
| 3 Running | N/A | N | | | |
| 4 Standing | 1-9 | 0 | | | |
| 5 Bending-Neck | 1-9 | F | | | |
| 6 Bending-Waist | 1-9 | 0 | | | |
| 7 Squatting | 7,8,9 | 0 | | | |
| 8 Climbing | N/A | N | | | |
| 9 Kneeling | 7,8,9 | 0 | | | |
| 10 Crawling | N/A | N | | | |
| 11 Twisting (neck) | 1-9 | F | | | |
| 12 Twisting (waist) | 1-9 | 0 | | | |
| 13 Repetitive Hand Use | 1-9 | F | | | |
| 14 Simple Grasping-Right Hand | 1-9 | F | | | |
| 15 Simple Grasping-Left Hand | 1-9 | F | | | |
| 16 Power Grasping-Right Hand | N/A | N | | | |
| 17 Power Grasping-Left Hand | N/A | N | | | |
| 18 Fine Manipulation-Right Hand | 1-9 | 0 | | | |
| 19 Fine Manipulation-Left Hand | 1-9 | 0 | | | |
| 20 Pushing and Pulling (right hand) | 1-9 | 0 | | | |
| 21 Pushing and Pulling (left hand) | 1-9 | 0 | | | |
| 22 Reaching (above shoulder level) | 1-9 | 0 | | | |
| 23 Reaching (below shoulder level) | 1-9 | 0 | | | |
| 24 Lifting-up to 10 lbs. | 1-9 | 0 | | | |
| 25 Lifting-11-25 lbs. | 7,8,9 | 0 | | | |
| 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. | 1-9 | 0 | | | |
| 31 Carrying 11-25 lbs. | 7,8,9 | 0 | | | |
| 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 | 1-9 | С | | | |
| 2 Functional color vision, normal or corrected | 1-9 | 0 | | | |
| 3 Functional night vision, normal or corrected | 7,8,9 | 0 | | | |
| 4 Functional hearing, normal or corrected | 1-9 | 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 | F | | | |
| 2 Follow Written Instructions | F | | | |
| 3 Required to sustain concentration | F | | | |

PART 5: NATURE OF TASKS

| | FREQUENCY RATING | MEDICAL | PROVIDER | USE ONLY |
|---|---|---------|---------------------------|---------------------------|
| Activity | Never, Occasional; Frequent, or Constant | | Temporarily Restricted | Permanently Restricted |
| 1 Follow set procedures | F | | | |
| 2 Organize own work | F | | | |
| 3 Able to ask questions or request assistance when needed | F | | | |
| 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, performance) | 0 | | | |

PART 6: WORK PACE

| | FREQUENCY RATING | MEDICAL | PROVIDER | USE ONLY |
|--|-----------------------|---------|-------------|-------------|
| | Never, Occasional; | | Temporarily | Permanently |
| Activity | Frequent, or Constant | Perform | Restricted | Restricted |
| 1 Tightly scheduled and rapid pace of work activities at | 0 | | | |
| high volume | | | | |
| 2 Meet time sensitive deadlines | F | | | |
| 3 Long and/or irregular hours | 0 | | | |
| 4 Limited/unpredictable opportunity for breaks | 0 | | | |
| 5 Required to perform on-call or emergency work | 0 | | | |

PART 7: COMPLEXITY/VARIABILITY

| | FREQUENCY RATING | MEDICAL | - | USE ONLY |
|--|---|----------------|---------------------------|---------------------------|
| Activity | Never, Occasional; Frequent, or Constant | Can Perform | Temporarily Restricted | Permanently Restricted |
| 1 Variable and unpredictable workflow | 0 | T CHOIM | Restricted | Restricted |
| 2 Attention divided by issues requiring multi-tasking | 0 | | | |
| 3 Work requires precise attention to detail | F | | | |
| 4 Use of judgment in routine matters | F | | | |
| 5 Requires use of judgment in adapting procedures from one task to another | F | | | |
| 6 Possible legal ramifications associated with work activities or work product | 0 | | | |

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 | 0 | | | |
| 5 Risk of confrontation with violent or assaultive clients or customers – upset customers | 0 | | | |

| Activity Free 1 Work Inside 2 | lever, Occasional; equent, or Constant | Can Perform | Temporarily | Permanently |
|--|---|----------------|-------------|-------------|
| 1 Work Inside 2 Work Outside | - | Dorform | • | ' |
| 2 Work Outside | | FEITOITII | Restricted | Restricted |
| | C | | | |
| | 0 | | | |
| 3 Extreme Heat (above 100 degrees) | 0 | | | |
| 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 | 0 | | | |
| 8 Silica, asbestos, etc. | N | | | |
| 9 Solvents (e.g., gas, turpentine, etc.) | N | | | |
| 10 Grease, oils | N | | | |
| 11 Acidic, Caustic Solutions | Ν | | | |
| 12 Pesticides | Ν | | | |
| 13 Explosives (e.g., dynamite, bomb, etc.) | Ν | | | |
| 14 Cleaning supplies, abrasives | 0 | | | |
| 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.) | N | | | |
| 21 Insect Bites (e.g., ticks, mosquitos, spiders, etc.) | 0 | | | |
| 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 | N | | | |
| 27 Proximity to moving mechanical parts (e.g., equipment, | N | | | |
| machinery) | | | | |
| 28 Proximity to moving vehicles or objects | 0 | | | |
| 29 Heights (e.g., rooftop, ladders, scaffolding, etc.) | N | | | |
| 30 Contact with water, other liquids, humid conditions - not | N | | | |
| weather related | IN IN | | | |
| 31 Work Below Ground: (e.g., excavation, trench, etc.) | N | | | |
| 32 Potential exposure to airborne infectious diseases (e.g. clinics, | N | | | |
| labs, corrections) | IN | | | |
| 33 Operates non-commercial motor vehicles (cars, trucks) | 0 | | | |
| 34 Operates commercial vehicles – CDL | N | | | |
| Class Endorsements | IN | | | |
| 35 Operates passenger van to transport clients, inmates, etc. | Ν | | | |
| 36 Pulls non-commercial trailers or equipment | Ν | | | |
| 37 Operates heavy equipment | N | | | |
| 38 Other: | | | | |

PART 9: ENVIRONMENTAL FACTORS/WORKING CONDITIONS:

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.