

COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

JOB CLASSIFICATION: Appraiser Aide
DEPARTMENT: Clerk-Recorder-Assessor
DOT OCCUPATION CODE: 188.167-010

DATE COMPLETED: February 2018
DIVISION: Assessor
PHYSICAL DEMAND STRENGTH RATING: Light

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 (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. Reason position exists? (Y/N)	G. 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.
Working independently and using good judgment, assists in the valuation of real and personal property: inspects, measures, draws, costs, and describes buildings for property records; collects sales, building costs, lease and rent income, and expense data; interprets legal descriptions, blue prints, building permits, and topography and aerial maps; interprets, understands and applies appropriate Revenue and Taxation Codes, and Property Tax rules; drives to off-site locations; refers matters appropriately to supervisors or management.	1	O	Vehicle, Office Cart, Computer	California Driver's License	Y	E	
Communicates by phone, in person, or by email or other written format with co-workers/supervisors, members of the public, and public and private agencies to interpret and	2	O	Computer, Phone		Y	E	

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explain complex assessment codes, regulations, policies and procedures; maintains a calm and professional demeanor when dealing with loud or confrontational customers.							
Enters and retrieves data in assessment and property tax computer systems and spreadsheets; adjusts and corrects records; enters codes and detailed assessment information.	3	F	Computer		Y	E	
Works with appraisal staff to manage property assessment appeals; researches comparable property values; creates or provides appeal reports from computer software such as Excel and Access.	4	F	Computer		N	N	

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
Sitting	1,2,3,4	F			
Walking	1,2	O			
Running	N/A	N			
Standing	1,2,3,4	O			
Bending-Neck (e.g., looking up/down from files/notes to computer)	1,2,3,4	F			
Bending-Waist	1	O			
Squatting (e.g., to access files from lower drawers)	1	O			
Climbing (e.g., using step ladder to access office supplies and files from higher shelves)	1	O			
Kneeling (e.g., to access files from lower drawers)	1	O			
Crawling	N/A	N			
Twisting (neck) (e.g., looking side to side from files/notes to computer)	1,2,3,4	F			
Twisting (waist)	1	O			
Repetitive Hand Use	1,2,3,4	F			
Simple Grasping-Right Hand (e.g., writing utensil, rulers)	1,2	O			
Simple Grasping-Left Hand (e.g., writing utensil, rulers)	1,2	O			
Power Grasping-Right Hand	N/A	N			
Power Grasping-Left Hand	N/A	N			
Fine Manipulation-Right Hand (e.g., using paper clips)	1,2	O			
Fine Manipulation-Left Hand(e.g., using paper clips)	1,2	O			
Pushing and Pulling (right hand)) (i.e., carts for files, drawers)	1	O			
Pushing and Pulling (left hand) (i.e., carts for files, drawers)	1	O			
Reaching (above shoulder level) (i.e., to access binders or files overhead)	1,2	O			
Reaching (below shoulder level)	1,2,3,4	F			
Lifting-up to 10 lbs. i.e., office supplies and files)	1,2	F			
Lifting-11-25 lbs.	N/A	N			
Lifting-26-50 lbs.	N/A	N			
Lifting 51-75 lbs.	N/A	N			
Lifting 76-100 lbs.	N/A	N			
Lifting 100 + lbs.	N/A	N			
Carrying 0-10 lbs.(i.e., office supplies and files)	1,2	O			
Carrying 11-25 lbs.	N/A	N			
Carrying 26-50 lbs.	N/A	N			
Carrying 51-75 lbs.	N/A	N			
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
Functional vision, normal or corrected	1,2,3,4	C			
Functional color vision, normal or corrected (e.g. to accurately describe/identify buildings for property records)	1	O			
Functional night vision, normal or corrected	N/A	N			
Functional hearing, normal or corrected	1,2,4	C			
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
Follow Oral Instructions	F			
Follow Written Instructions	F			
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
Follow set procedures	C			
Organize own work	O			
Able to ask questions or request assistance when needed	C			
Required to make decisions independently	O			
Required to train and/or lead others	N			
Required to direct others (e.g. planning, goal setting, performance)	N			

PART 6: WORK PACE

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

PART 7: COMPLEXITY/VARIABILITY

Activity	FREQUENCY RATING Never, Occasional; Frequent, or Constant	MEDICAL Can Perform	PROVIDER Temporarily Restricted	USE ONLY Permanently Restricted
Variable and unpredictable workflow	O			
Attention divided by issues requiring multi-tasking	O			
Work requires precise attention to detail	F			
Use of judgment in routine matters	F			
Requires use of judgment in adapting procedures from one task to another	O			
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
Works with others (e.g., co-workers, other departments/agencies, public)	F			
Interactions limited to giving/receiving information	F			
Interactions exceed giving/receiving information (e.g., advises, persuades, justifies)	O			
Interactions occur under circumstances of emotional stress	O			
Risk of confrontation with violent or assaultive clients or customers	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
Work Inside	C			
Work Outside (e.g., performing field work)	O			
Extreme Heat (above 100 degrees)	N			
Extreme Cold (below 32 degrees)	N			
Excessive Noise (must raise voice to be heard)	N			
Vibration (e.g., jack hammer, hammer drill, chainsaw, etc.)	N			
Dust, Vapors, Fumes, Smoke	N			
Silica, asbestos, etc.	N			
Solvents (e.g., gas, turpentine, etc.)	N			
Grease, oils	N			
Acidic, Caustic Solutions	N			
Pesticides	N			
Explosives (e.g., dynamite, bomb, etc.)	N			
Cleaning supplies, abrasives	N			
Other Chemicals (e.g. drugs and other contraband)	N			
Human Blood, Body Tissues, or Fluids	N			
Human Wastes	N			
Animal Blood, Body Tissues, or Fluids	N			
Animal Wastes	N			
Biological Toxins (e.g., poison ivy, poison oak, anthrax, etc.)	O			
Insect Bites (e.g., ticks, mosquitos, spiders, etc.)	O			
Biomedical Waste	N			
Ionizing Radiation	N			
Non-Ionizing Radiation	N			
Electrical Energy	N			
Walking on uneven, slippery, or rough terrain (ravel, rocks, hills, etc.) (e.g., performing field work)	O			
Proximity to moving mechanical parts (e.g., equipment, machinery)	N			
Proximity to moving vehicles or objects	N			
Heights (e.g., rooftop, ladders, scaffolding, etc.)	N			
Contact with water, other liquids, humid conditions - not weather related	N			
Work Below Ground: (e.g., excavation, trench, etc.)	N			
Potential exposure to airborne infectious diseases (e.g. clinics, labs, corrections)	N			
Operates non-commercial motor vehicles (cars, trucks)	O			
Operates commercial vehicles – CDL Class _____ Endorsements _____	N			
Operates passenger van to transport clients, inmates, etc.	N			
Pulls non-commercial trailers or equipment	N			
Operates heavy equipment	N			
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.)
Audiometric Testing			
DOT Drug and Alcohol Screening			
DOT Physical Exam			
Respirator Physical Exam			
Respirator Questionnaire – Short			
Respirator Questionnaire – Standard			
Blood lead level			
Hazardous Waste/Emergency Worker physical			
Heavy metal screen (mercury, lead, arsenic)			
HINT Hearing Noise Sensitivity Testing			
Tuberculosis skin test			
Vaccine: MMR			
Vaccine: Hepatitis B			
Vaccine: Influenza			
Vaccine: Meningococcal			
Vaccine: Pneumococcal			
Vaccine: Rabies			
Vaccine: Tdap			
Vaccine: Chickenpox			

PART 11: ADDITIONAL INFORMATION, PICTURES, ETC. **Not Applicable**

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: _____