

COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

JOB CLASSIFICATION: Assessment Clerk/Trainee
DEPARTMENT: Clerk-Recorder-Assessor
DOT OCCUPATION CODE: 219.487-010

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

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.
Reviews and verifies accuracy of assessment data entered in computerized files; reviews claims and declarations for various property tax exemptions and exclusions; proofs information for completeness, accuracy, and conformance to standards; researches changes, omissions, and errors; obtains information needed to correct record; determines claimant eligibility; uses logic to identify unique situations requiring input from others.	1	F	Computer, calculator, phone		Y	E	
Enters and retrieves data in assessment computer systems; adjusts and corrects records; enters codes and detailed assessment information; edits, balances, and correct assessment activity reports; posts changes concerning ownership, taxability, mailing addresses, tax rate areas, and	2	F	Computer, calculator, phone		Y	E	

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site addresses.							
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; explains complex assessment codes, regulations, policies and procedures; assists in the proper completion of forms, and with filing property statements, exemption claims, and assessment questionnaires; provides forms and packets; screens and routes telephone calls and messages; directs and announces visitors; collects payments; maintains a calm and professional demeanor when dealing with loud or confrontational customers.	3	F	Computer, calculator, phone		Y	E	
Types a variety of materials such as claims, lists, escaped assessments, letters, memos, inspect sheets and notices; researches departmental records to be referenced.	4	F	Computer, calculator, phone		Y	E	
Performs clerical tasks: files alphabetically and numerically; prepares labels and lists; schedules, assembles, and prepares information for field inspections, hearings, and reviews; maintains detailed property records; reviews and completes forms for property statements, and boat and aircraft declarations; applies depreciation rates by reference to standardized tables; calculates replacement cost of improvements, personal property, marine, and aircraft values; terminates homeowner exemption claims; researches and resolves duplicate claims.	5	F	Computer, calculator, phone, files, folders, binders		Y	E	

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	1,2,3,4,5	F			
Walking	3,5	O			
Running	N/A	N			
Standing	1,2,3,4,5	O			
Bending-Neck (e.g., looking up and down from reports to computer monitor)	1,2,3,4,5	F			
Bending-Waist	3,5	O			
Squatting (e.g., to access files, place paper in lower printer door)	5	O			
Climbing (e.g., to access files or boxes from high shelf)	5	O			
Kneeling (e.g., to access files, place paper in lower printer door)	5	O			
Crawling	N/A	N			
Twisting (neck) (e.g., looking at both monitors, looking at phone)	1,2,3,4,5	F			
Twisting (waist)	3,5	O			
Repetitive Hand Use	1,2,3,4,5	F			
Simple Grasping-Right Hand (e.g., holding papers/reports, binders, phone)	1,2,3,4,5	O			
Simple Grasping-Left Hand (e.g., holding papers/reports, binders, phone)	1,2,3,4,5	O			
Power Grasping-Right Hand	N/A	N			
Power Grasping-Left Hand	N/A	N			
Fine Manipulation-Right Hand (e.g., using paper clips, counting change)	3,5	O			
Fine Manipulation-Left Hand (e.g., using paper clips, counting change)	3,5	O			
Pushing and Pulling (right hand) (e.g., pushing cart of supplies, pulling open drawers)	3,5	O			
Pushing and Pulling (left hand) (e.g., pushing cart of supplies, pulling open drawers)	3,5	O			
Reaching (above shoulder level) (e.g., accessing binders or files from overhead cabinet)	3,4,5	O			
Reaching (below shoulder level)	1,2,3,4,5	O			
Lifting-up to 10 lbs. (e.g., office supplies, ream of paper, files/reports)	3,4,5	F			
Lifting-11-25 lbs. (e.g., large rolled plans or boxes of permits)	3,5	O			
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. (e.g., office supplies, ream of paper, files/reports)	3,4,5	F			
Carrying 11-25 lbs. (e.g., large rolled plans or boxes of permits)	3,5	O			
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	1,2,3,4,5	C			
Functional color vision, normal or corrected	N/A	N			
Functional night vision, normal or corrected	N/A	N			
Functional hearing, normal or corrected	1,2,3,4,5	F			
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	F			
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	F			
Meet time sensitive deadlines	F			
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	F			
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	N			
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.)	N			
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 (e.g., gravel, rocks, hills, etc.)	N			
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)	N			
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: _____