

COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

JOB CLASSIFICATION: Community Services Officer I/II – Crime Prevention

DEPARTMENT: Sheriff

PHYSICAL DEMAND STRENGTH RATING: Heavy per Job Analysis

DATE COMPLETED: July 2019

DIVISION: Law Enforcement

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	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 class work both in the office and in the field, wears a uniform: representing the Sheriff Office during all interactions with the public.						
Conducts public meetings related to Sheriff’s Office activities; makes presentations to community and school groups, conducts tours of the Sheriff’s Office for members of the public; staffs Sheriff information/education booths or tables; sits and stands for extended periods of time.	1	F	Brochures;		E	
Lifts, carries, loads, and transports supplies and equipment weighing up to 56 pounds to/from events, both on- and off-site; arranges and sets up booths, tables, chairs, and E-Z UP Canopy; drives to off-site events.	2	O	Vehicle; E-Z UP Canopy; table; promotional items	Valid CA Driver’s License	E	

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.
Communicates in person, by phone, and by email with the public to obtain and provide information, explain regulations, policies and procedures, and to provide forms and other materials; forwards issues to the appropriate person, agency, department, or unit; communicates with staff of the Sheriff's Office and other agencies to organize and coordinate events and activities; maintains a calm and professional demeanor when dealing with emotionally distraught, verbally abusive, or confrontational customers.	3	F	Computer; Phone; Two-way Radio; PA system		E	
Retrieves information from computer and paper files; prepares brochures, handouts, charts, graphs, etc.	4	O	Computer		E	
Continuously observes safety practices and procedures; actively utilizes and implements established safety practices; reports or corrects unsafe conditions.	5	C			E	
Participates in continuous training to maintain and enhance required knowledge and skills.	6	O			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
1 Sitting (i.e., using computer, phone; driving; attending/staffing community outreach, events, meetings and presentations)	1-6	F			
2 Walking (i.e., attending/staffing community outreach, events, meetings and presentations; conducting tours)	1,2	F			
3 Running	N/A	N			
4 Standing (i.e., attending/staffing community outreach, events, meetings and presentations; conducting tours)	1-3	F			
5 Bending-Neck (using computer, phone, two-way radio; driving; attending/staffing community outreach, events, meetings and presentations.)	1-6	F			
6 Bending-Waist (i.e., setting up and staffing information/education booths or tables.)	1-6	O			
7 Squatting (i.e., setting up and staffing information/education booths or tables; attending/staffing community outreach, events, meetings and presentations)	1,2	O			
8 Climbing (i.e., curbs, stairs)	1-3	O			
9 Kneeling (i.e., setting up information/education booths or tables; attending/staffing community outreach, events, meetings and presentations)	1,2	O			
10 Crawling	N/A	N			
11 Twisting-Neck (using computer, phone, two-way radio; driving; attending/staffing community outreach, events, meetings and presentations; conducting tours)	1-6	F			
12 Twisting-Waist (i.e., setting up information/education booths or tables; attending/staffing community outreach, events, meetings and presentations)	1-6	O			
13 Repetitive Hand Use (i.e. power point, handing out brochures)		C			
14 Simple Grasping-Right Hand (i.e., transporting and loading supplies; holding phone, two-way radio)	1,3,4	C			
15 Simple Grasping-Left Hand (i.e., transporting and loading supplies; holding phone, two-way radio)	1,2	C			
16 Power Grasping-Right Hand (i.e., transporting, loading, and setting up equipment)	2	O			
17 Power Grasping-Left Hand (i.e., transporting and loading equipment)	2	O			
18 Fine Manipulation-Right Hand (i.e., making files; handling forms)	2,4	F			
19 Fine Manipulation-Left Hand (i.e., making files; handling forms)	2,4	F			
20 Pushing and Pulling-Right Hand (i.e., loading/transporting supplies and equipment)	2	O			
21 Pushing and Pulling-Left Hand (i.e., loading/transporting supplies and equipment)	2	O			
22 Reaching-Above shoulder level (i.e., setting up information/education booths)	1-6	O			
23 Reaching-Below shoulder level (i.e., using computer, phone; driving; setting up information/education booths; attending/staffing	1-6	F			

Activity	Examples of Duties/Functions Requiring Activity	FREQUENCY RATING Never, Occasional; Frequent, or Constant	MEDICAL Can Perform	PROVIDER Temporarily Restricted	USE ONLY: Permanently Restricted
community outreach, events, meetings and presentations; conducting tours)					
24 Lifting up to 10 lbs. (i.e., supplies for information/education events; phone, two-way radio; files)	1-6	F			
25 Lifting 11-25 lbs. (i.e., supplies and equipment for information/education events; brochures)	1,2	O			
26 Lifting 26-50 lbs. (i.e., Box of supplies for Bike Rodeo; 12' x 12' E-Z Up Canopy)	2	O			
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. (i.e., supplies for information/education events; phone, two-way radio; files)	1-6	F			
31 Carrying 11-25 lbs. (i.e., supplies and equipment for information/education events; brochures, box of supplies for Bike Rodeo)	2	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 (i.e., using computer, phone, two-way radio; driving; testifying in court)	1-6	C			
2 Functional color vision, normal or corrected	N/A	N			
3 Functional night vision, normal or corrected (i.e., setting up and staffing special events before and after daylight hours)	1,2	O			
4 Functional hearing, normal or corrected (i.e., communicating with community and school groups, Sheriff's Office staff, other agencies, customers)	1-6	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	C			
2 Follow Written Instructions	C			
3 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
1 Follow set procedures	C			
2 Organize own work	C			
3 Able to ask questions or request assistance when needed	C			
4 Required to make decisions independently	C			
5 Required to train and/or lead other staff (i.e. Sheriff's Office tours)	O			
6 Required to direct other staff (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
1 Tightly scheduled and rapid pace of work activities at high volume	O			
2 Meet time sensitive deadlines	O			
3 Long and/or irregular hours	F			
4 Limited/unpredictable opportunity for breaks	O			
5 Required to perform on-call or emergency work	O			

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

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)	C			
2 Interactions limited to giving/receiving information	C			
3 Interactions exceed giving/receiving information (e.g., advises, persuades, justifies)	F			
4 Interactions occur under circumstances of emotional stress	F			
5 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
1 Work Inside	F			
2 Work Outside (i.e., attending/staffing community outreach events)	F			
3 Extreme Heat (above 100 degrees)	O			
4 Extreme Cold (below 32 degrees)	O			
5 Excessive Noise (must raise voice to be heard) (i.e., conducting public meetings, presentations, tours; directing traffic)	O			
6 Vibration (e.g., jack hammer, hammer drill, chainsaw, etc.)	N			
7 Dust, Vapors, Fumes, Smoke	O			
8 Silica, asbestos, etc.	N			
9 Solvents (e.g., gas, turpentine, etc.)	N			
10 Grease, oils	N			
11 Acidic, Caustic Solutions	N			
12 Pesticides	N			
13 Explosives (e.g., dynamite, bomb, etc.)	N			
14 Cleaning supplies, abrasives	O			
15 Other Chemicals (e.g. drugs and other contraband)	N			
16 Human Blood, Body Tissues, or Fluids	N			
17 Human Wastes	N			
18 Animal Blood, Body Tissues, or Fluids	N			
19 Animal Wastes	N			
20 Biological Toxins (e.g., poison ivy, poison oak, anthrax, etc.)	N			
21 Insect Bites (e.g., ticks, mosquitos, spiders, etc.)	O			
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 (i.e., attending/staffing community outreach events; leading tours)	F			
27 Proximity to moving mechanical parts (e.g., equipment, machinery)	N			
28 Proximity to moving vehicles or objects (i.e., attending/staffing community outreach events, for example- Bike Rodeo)	F			
29 Heights (e.g., rooftop, ladders, scaffolding, etc.)	N			
30 Contact with water, other liquids, humid conditions - not weather related	N			
31 Work Below Ground: (e.g., excavation, trench, etc.)	N			
32 Potential exposure to airborne infectious diseases (e.g. clinics, labs, corrections)	N			
33 Operates non-commercial motor vehicles (cars, trucks)	O			
34 Operates commercial vehicles – CDL Class _____ Endorsements _____	N			
35 Operates passenger van to transport clients, inmates, etc.	N			
36 Pulls non-commercial trailers or equipment	N			
37 Operates heavy equipment	N			
38 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.)
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.



**E-Z UP Canopy- 12' x 12' – 56 lbs.
From ground to back of car at 29"**



CSO- Crime Prevention Vehicle



Back of car with event supplies



6' Folding Table- 35 lbs.



Bike Rodeo Container- 49 lbs.



Bike Rodeo



Bike Rodeo



**McGruff the Crime Dog Costume-
40 lbs. in case**



McGruff the Crime Dog Costume

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: _____