

COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

JOB CLASSIFICATION: Department Information Systems Technician I/II
DEPARTMENT: Clerk-Recorder-Assessor
DOT OCCUPATION CODE: 033.162-018

DATE COMPLETED: February 2018
DIVISION: Assessor/Registrar of Voters
PHYSICAL DEMAND STRENGTH RATING: Heavy 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.
Investigates problems and performs system hardware, software, and communication connection repairs; identifies problems, troubleshoots information systems components.	1	F	Computer, phone; fax, printer/copier		Y	E	
Communicates with department staff by phone, in person, and by email or other written format, to provide advice on computer systems, to troubleshoot issues; trains on use of computer systems, and orients and trains new users to department systems; maintains a calm and professional demeanor.	2	C	Computer, phone; fax, printer/copier, mail processing machinery		Y	E	
Performs tests of new tools and functionalities in Elections computer systems to ensure they work correctly; provides systems training to division staff.	3	O	Computer		Y	E	
Enters and retrieves data in Elections computer systems to	4	C	Computer		Y	E	

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process voter and election information; generates electronic files for production of Election Day voter rosters, election-specific voter notices, and routine daily and monthly mailings and notices to voters; maintains electronic and paper records and files.							
Actively participates in division-wide, ongoing program planning; evaluates new laws for impacts on existing voting systems operations and voter file maintenance; provides input and makes recommendations for potential tools to manage changes to workload and increase efficiency; implements necessary changes to division policies and procedures; responds to requests for information; provides information to co-workers.	5	F			Y	E	
Participates in continuous training, research, study, and reading, to keep current in information technology products, standards and best practices, and to maintain working knowledge of hardware and software applications of supported systems; attends off-site training.	6	F			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	1,2,3,4,5,6	F			
Walking	1,2,5,6	O			
Running	N/A	N			
Standing	1,2,3,4,5,6	O			
Bending-Neck	1,2,3,4,5,6	F			
Bending-Waist	1	O			
Squatting	1	O			
Climbing	1	O			
Kneeling	1	O			
Crawling (e.g., installing or troubleshooting computers and devices.)	1	O			
Twisting (neck)	1,2,3,4	F			
Twisting (waist)	1	O			
Repetitive Hand Use	1,2,3,4	F			
Simple Grasping-Right Hand (e.g., attaching cables to computers and peripheral devices)	1,2,3,4	O			
Simple Grasping-Left Hand(e.g., attaching cables to computers and peripheral devices)	1,2,3,4	O			
Power Grasping-Right Hand	N/A	N			
Power Grasping-Left Hand	N/A	N			
Fine Manipulation-Right Hand (e.g., turning knurled nuts to secure monitor cable)	1,2	O			
Fine Manipulation-Left Hand (e.g., turning knurled nuts to secure monitor cable)	1,2	O			
Pushing and Pulling (right hand)(moving, installing, relocating computers, copiers and peripheral devices)	1,2	O			
Pushing and Pulling (left hand))(moving, installing, relocating computers, copiers and peripheral devices)	1,2	O			
Reaching (above shoulder level) (e.g., reaching for supplies and tools)	1,2,3,4	O			
Reaching (below shoulder level)	1,2,3,4,5,6	F			
Lifting-up to 10 lbs.	1,2	F			
Lifting-11-25 lbs. (e.g., moving, installing, relocating, computers)	1,2	O			
Lifting-26-50 lbs.	1,2	O			
Lifting 51-75 lbs. (e.g., printer model used throughout the department)	1,2	O			
Lifting 76-100 lbs.	N/A	N			
Lifting 100 + lbs.	N/A	N			
Carrying 0-10 lbs.	1,2	F			
Carrying 11-25 lbs. (e.g., moving, installing, relocating, computers)	1,2	O			
Carrying 26-50 lbs.	1,2	O			
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	1,2,3,4,5,6	C			
Functional color vision, normal or corrected (e.g., to ensure that color printer is working properly)	1	O			
Functional night vision, normal or corrected	N/A	N			
Functional hearing, normal or corrected	1,2,3,4,5,6	C			
A sense of smell or taste (e.g., to ensure that color printer is working properly)	1,2	O			

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	F			
Required to train and/or lead others	O			
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	C			
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)	C			
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	O			
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)	O			
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.



**Printer used/serviced department wide- 64lbs.
On 30" surface; if moved placed on 33" high cart**



Mail Processing Machinery



Mail Processing Machinery- Omaton Envelopener



Mail Processing Machinery



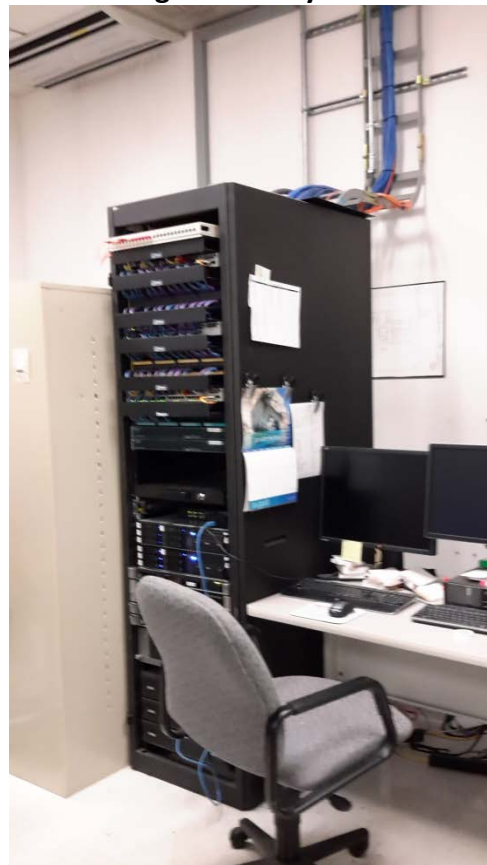
Mail Sorting Machinery



Mail Sorting Machinery



**Mail Processing Machinery- Opex Rapid Mail
Extractor Desk**



Ballot Counting Server

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: _____