

COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

JOB CLASSIFICATION: Youth Ecology Intern – Summer Program (CST: Intern – Work Experience) **DATE COMPLETED:** May 2019
DEPARTMENT: Human Services Department **DIVISION:** Employment and Training
PHYSICAL DEMAND STRENGTH RATING: Medium

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 the*re 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.
Works outdoors in all types of terrain, vegetation, and weather conditions; works in proximity to water and wastewater, along creek beds, and homeless encampments; walks on uneven slippery, and steep terrain; reaching, kneeling, bending, and stooping in the performance of daily duties.						
Participates in a structured on-the-job training assignment; receives daily training in landscaping, gardening, and maintenance tasks, including related tools; learns to safely use gardening and landscape maintenance tools.	1	C	Manual garden and landscaping tools; wheelbarrow, garbage bin, Personal Protective Equipment		E	

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Attends safety training, including orientation to the department's program's safety plans, and daily site-specific safety-training; learns to and identifies safety hazards; learns to and interacts safely with homeless the public, including homeless persons; continuously observes safety practices and procedures; actively utilizes and implements established safety practices; wears appropriate safety gear; reports or corrects unsafe conditions.	2	C	Personal Protective Equipment		E	
Communicates in person to coordinate activities with work crews; reports injuries and exposures; reports progress and concerns to supervisors and managers; provides information to the public; maintains a calm and professional manner.	3	C			E	
Clears and maintains waterways, trails, and park/public lands; plants, prunes, cuts, chops, and removes vegetation; pulls, lifts, and carries brush/debris; hauls, stacks, and places branches and other brush material; picks up litter, tires, shopping carts, and other large debris; loads debris into truck, carries, and places materials and equipment weighing up to 50 pounds; stands for long periods of time; squats, stoops, bends, pushes, walks, climbs, and carries equipment and materials over steep, slippery, and uneven terrain.	4	C	Manual garden and landscaping tools; wheelbarrow, garbage bin, Personal Protective Equipment		E	
Builds and assembles planter boxes, and other small landscaping structures; carries and places building materials up to 25 pounds; bend, kneels, and squats while assembling and attaching parts.	5	O	Small hand tools, Personal Protective Equipment		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 (ie during training)	1,2	O			
2 Walking	1-5	C			
3 Running	N/A	N			
4 Standing	1-5	C			
5 Bending-Neck (ie clearing brush; looking for hazards)	1-5	C			
6 Bending-Waist	1-5	C			
7 Squatting (ie clearing brush)	1-5	O			
8 Climbing (ie, curbs, steep terrain)	1-5	O			
9 Kneeling (ie clearing brush)	1-5	F			
10 Crawling(ie clearing brush)	1-5	O			
11 Twisting (neck)	1-5	F			
12 Twisting (waist)	1-5	F			
13 Repetitive Hand Use (ie clearing brush)	1-5	C			
14 Simple Grasping-Right Hand (ie using manual tools)	1-5	C			
15 Simple Grasping-Left Hand (ie using manual tools)	1-5	C			
16 Power Grasping-Right Hand	1-5	O			
17 Power Grasping-Left Hand	1-5	O			
18 Fine Manipulation-Right Hand	N/A	N			
19 Fine Manipulation-Left Hand	N/A	N			
20 Pushing and Pulling (right hand) (ie clearing brush; using tools)	1-5	C			
21 Pushing and Pulling (left hand) (ie clearing brush; using tools)	1-5	C			
22 Reaching (above shoulder level) (ie clearing brush; using tools)	1-5	C			
23 Reaching (below shoulder level) (ie clearing brush; using tools)	1-5	C			
24 Lifting-up to 10 lbs.	1-5	F			
25 Lifting-11-25 lbs.	1-5	F			
26 Lifting-26-50 lbs.	1-5	O			
27 Lifting 51-75 lbs. (lifting with a partner/team)	1-5	O			
28 Lifting 76-100 lbs.	N/A	N			
29 Lifting 100 + lbs.	N/A	N			
30 Carrying 0-10 lbs.	1-5	F			
31 Carrying 11-25 lbs.	1-5	F			
32 Carrying 26-50 lbs.	1-5	F			
33 Carrying 51-75 lbs. (lifting with a partner/team)	1-5	O			
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	1-5	C			
2 Functional color vision, normal or corrected	N/A	N			
3 Functional night vision, normal or corrected	N/A	N			
4 Functional hearing, normal or corrected	1-5	C			
5 A sense of smell or taste	4	O			

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	O			
3 Required to sustain concentration	O			

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	O			
3 Able to ask questions or request assistance when needed	C			
4 Required to make decisions independently	N			
5 Required to train and/or lead other staff	N			
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	N			
3 Long and/or irregular hours	N			
4 Limited/unpredictable opportunity for breaks	N			
5 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
1 Variable and unpredictable workflow	O			
2 Attention divided by issues requiring multi-tasking	O			
3 Work requires precise attention to detail	O			
4 Use of judgment in routine matters	F			
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)	N			
4 Interactions occur under circumstances of emotional stress	N			

Activity	FREQUENCY RATING Never, Occasional; Frequent, or Constant	MEDICAL Can Perform	PROVIDER Temporarily Restricted	USE ONLY Permanently Restricted
5 Risk of confrontation with violent or assaultive clients or customers (ie, interactions with homeless persons)	0			

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	O			
2 Work Outside	C			
3 Extreme Heat (above 100 degrees)	O			
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	C			
8 Silica, asbestos, etc.	N			
9 Solvents (e.g., gas, turpentine, etc.)	N			
10 Grease, oils	O			
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.)	C			
21 Insect Bites (e.g., ticks, mosquitos, spiders, etc.)	C			
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	C			
27 Proximity to moving mechanical parts (e.g., equipment, machinery)	N			
28 Proximity to moving vehicles or objects	O			
29 Heights (e.g., rooftop, ladders, scaffolding, etc.)	N			
30 Contact with water, other liquids, humid conditions - not weather related	C			
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)	N			
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.

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: _____