

COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

**JOB CLASSIFICATION:** Assistant Lab Director  
**DEPARTMENT:** DHS  
**PHYSICAL DEMAND STRENGTH RATING:** Light

**DATE COMPLETED:** 8/11/2021  
**DIVISION:** Public Health Lab

**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.
While performing the following duties, employees in this position work in a laboratory setting.				A four year degree from an accredited university in a chemical, physical, biological or clinical laboratory science. Possession of California Public Health Microbiologist certificate.		
Plans, assigns, and supervises the work of professional and technical employees performing regional lab services, including performance reviews and daily coaching.	1	C	Phone, email, and computer		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.
Develops, implements and updates laboratory work methods and procedures in accordance with accepted professional and safety practices.	2	F	Phone, email, and computer		E	
Assists with planning, organizing, and monitoring the Laboratory Response Network (LRN)-Reference Laboratory, including equipment maintenance and proficiency testing.	3	F	Phone, email, and computer		E	
Assists with representing the County and maintains relations with other first responder agencies, and CLIA (Clinical Laboratory Improvement Act), ELAP (Environmental Laboratory Accreditation Program), CA Ag, and CDC (Center for Disease Control).	4	O	Phone, email, and computer		E	
Assists with developing and maintaining a total laboratory quality assurance/quality improvement/quality control program.	5	F	Phone, email, and computer		E	
Participates in the development of the budget, monitors budget. Interfaces with departmental accounting staff.	6	O	Phone, email, and computer		E	
Recommends procedural changes if needed, and oversees documentation of corrective actions.	7	O	Phone, email, and computer		E	
Assists with submitting grants, plans grant activities and deliverables.	8	O	Phone, email, and computer		E	
Performs laboratory benchwork as needed, following safety guidelines; identifies specimens, viruses, and cultures with automated pipettes. Shipping and packaging Category A and B specimens.	9	F	Microscopes, pipettes, and numerous molecular 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	1-9	F			
2 Walking	1-9	O			
3 Running	--	N			
4 Standing	1,4,5,9	O			
5 Bending-Neck	1-9	O			
6 Bending-Waist	1-9	O			
7 Squatting	9	O			
8 Climbing	--	N			
9 Kneeling	--	N			
10 Crawling	--	N			
11 Twisting (neck)	1-9	O			
12 Twisting (waist)	1-9	O			
13 Repetitive Hand Use	1-9	O			
14 Simple Grasping-Right Hand	1-9	O			
15 Simple Grasping-Left Hand	1-9	O			
16 Power Grasping-Right Hand		N			
17 Power Grasping-Left Hand		N			
18 Fine Manipulation-Right Hand	1-9	O			
19 Fine Manipulation-Left Hand	1-9	O			
20 Pushing and Pulling (right hand)	1-9	O			
21 Pushing and Pulling (left hand)	1-9	O			
22 Reaching (above shoulder level)	1,5,9	O			
23 Reaching (below shoulder level)	1-9	O			
24 Lifting-up to 10 lbs.	1-9	O			
25 Lifting-11-25 lbs.	9	O			
26 Lifting-26-50 lbs.	--	N			
27 Lifting 51-75 lbs.	--	N			
28 Lifting 76-100 lbs.	--	N			
29 Lifting 100 + lbs.	--	N			
30 Carrying 0-10 lbs.	1-9	O			
31 Carrying 11-25 lbs.	9	O			
32 Carrying 26-50 lbs.	--	N			
33 Carrying 51-75 lbs.	--	N			
34 Carrying 76-100 lbs.	--	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	1-9	C			
2 Functional color vision, normal or corrected	1-9	O			
3 Functional night vision, normal or corrected	--	N			
4 Functional hearing, normal or corrected	1-9	C			
5 A sense of smell or taste	--	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	C			

**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	F			
5 Required to train and/or lead other staff	F			
6 Required to direct other staff (e.g. planning, goal setting, performance)	F			

**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	O			
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	C			
2 Attention divided by issues requiring multi-tasking	C			
3 Work requires precise attention to detail	C			
4 Use of judgment in routine matters	C			
5 Requires use of judgment in adapting procedures from one task to another	C			
6 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
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)	C			
4 Interactions occur under circumstances of emotional stress	F			
5 Risk of confrontation with violent or assaultive clients or customers	N			

**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	C			
2 Work Outside	N			
3 Extreme Heat (above 100 degrees)	N			
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	N			
8 Silica, asbestos, etc.	N			
9 Solvents (e.g., gas, turpentine, etc.)	O			
10 Grease, oils	N			
11 Acidic, Caustic Solutions	O			
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)	O			
16 Human Blood, Body Tissues, or Fluids	F			
17 Human Wastes	O			
18 Animal Blood, Body Tissues, or Fluids	O			
19 Animal Wastes	N			
20 Biological Toxins (e.g., poison ivy, poison oak, anthrax, etc.)	O			
21 Insect Bites (e.g., ticks, mosquitos, spiders, etc.)	N			
22 Biomedical Waste	F			
23 Ionizing Radiation	N			
24 Non-Ionizing Radiation	N			
25 Electrical Energy	N			
26 Walking on uneven, slippery, or rough surfaces	O			
27 Proximity to moving mechanical parts (e.g., equipment, machinery)	O			
28 Proximity to moving vehicles or objects	N			
29 Heights (e.g., rooftop, ladders, scaffolding, etc.)	N			
30 Contact with water, other liquids, humid conditions - not weather related	O			
31 Work Below Ground: (e.g., excavation, trench, etc.)	N			
32 Potential exposure to airborne infectious diseases (e.g. clinics, labs, corrections)	F			
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:**

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	X	X	Annual
5 Respirator Questionnaire – Short			
6 Respirator Questionnaire – Standard	X	X	Annual
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	X	X	Annual
12 Vaccine: MMR	X		
13 Vaccine: Hepatitis B	X		
14 Vaccine: Influenza	X	X	Annual
15 Vaccine: Meningococcal	X	X	Every 5 years
16 Vaccine: Pneumococcal			
17 Vaccine: Rabies	X		3 shot series
18 Vaccine: Rabies Titer		X	Every 2 years
19 Vaccine: Tdap	X	X	Every 10 years
20 Vaccine: Chickenpox	X		

**PART 11: ADDITIONAL INFORMATION, PICTURES, ETC.**

**PART 12 – FORM REVIEW AND SIGNATURES**

**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: \_\_\_\_\_