

COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

JOB CLASSIFICATION: Department Analyst
DEPARTMENT: Public Defender’s Office
PHYSICAL DEMAND STRENGTH RATING: Sedentary

DATE COMPLETED: December 2024
DIVISION: N/A

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.
Research and Identify grants available for the Public Defender’s Office	1	F	Computer, Phone	N/A	Essential	
Develop and draft grant application proposals	2	O	Computer, Phone	N/A	Essential	
Review, monitor, coordinate, draft, and submit grant reports and invoices	3	O	Computer, Phone	N/A	Essential	
Develop, monitor, and coordinate department recruitments	4	O	Computer, Phone	N/A	Essential	
Review and approve department accounting transactions	5	F	Computer, Phone	N/A	Essential	
Assist ASO with budget development and reporting	6	O	Computer, Phone	N/A	Essential	
Special projects as assigned	7	O	Computer, Phone	N/A	Essential	
Draft and submit Board of Supervisors agenda items	8	O	Computer, Phone	N/A	Essential	
Support department health and safety goals by working with County Human Resources Department.	9	O	Computer, Phone	N/A	Essential	
Supervise, train, evaluate, and mentor legal support staff	10	O	Computer, Phone	N/A	Essential	
Provide technical & administrative support for case management system	11	O	Computer, Phone	N/A	Essential	

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	All	Frequent			
2 Walking	All	Frequent			
3 Running	N/A	Never			
4 Standing	All	Frequent			
5 Bending-Neck	All	Frequent			
6 Bending-Waist	All	Frequent			
7 Squatting (i.e. wire management under desks)	All	Occasional			
8 Climbing (i.e. using step stool to access storage)	All	Occasional			
9 Kneeling (i.e. wire management under desks)	All	Occasional			
10 Crawling	N/A	Never			
11 Twisting (neck)	All	Frequent			
12 Twisting (waist)	All	Frequent			
13 Repetitive Hand Use	All	Frequent			
14 Simple Grasping-Right Hand	All	Frequent			
15 Simple Grasping-Left Hand	All	Frequent			
16 Power Grasping-Right Hand	All	Never			
17 Power Grasping-Left Hand	All	Never			
18 Fine Manipulation-Right Hand	All	Occasional			
19 Fine Manipulation-Left Hand	All	Occasional			
20 Pushing and Pulling (right hand)	All	Frequent			
21 Pushing and Pulling (left hand)	All	Frequent			
22 Reaching (above shoulder level)	All	Occasional			
23 Reaching (below shoulder level)	All	Occasional			
24 Lifting-up to 10 lbs. (supplies, files)	All	Frequent			
25 Lifting-11-25 lbs. (pull file boxes)	All	Occasional			
26 Lifting-26-50 lbs.	N/A	Never			
27 Lifting 51-75 lbs.	N/A	Never			
28 Lifting 76-100 lbs.	N/A	Never			
29 Lifting 100 + lbs.	N/A	Never			
30 Carrying 0-10 lbs.	All	Frequent			
31 Carrying 11-25 lbs.	All	Occasional			
32 Carrying 26-50 lbs.	N/A	Never			
33 Carrying 51-75 lbs.	N/A	Never			
34 Carrying 76-100 lbs.	N/A	Never			

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	All	Constant			
2 Functional color vision, normal or corrected	All	Occasional			
3 Functional night vision, normal or corrected	N/A	Never			
4 Functional hearing, normal or corrected	All	Constant			
5 A sense of smell or taste	N/A	Never			

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	Frequent			
2 Follow Written Instructions	Frequent			
3 Required to sustain concentration	Frequent			

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	Frequent			
2 Organize own work	Constant			
3 Able to ask questions or request assistance when needed	Constant			
4 Required to make decisions independently	Frequent			
5 Required to train and/or lead other staff	Occasional			
6 Required to direct other staff (e.g. planning, goal setting, performance)	Occasional			

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	Occasional			
2 Meet time sensitive deadlines	Frequent			
3 Long and/or irregular hours	Occasional			
4 Limited/unpredictable opportunity for breaks	Never			
5 Required to perform on-call or emergency work	Occasional			

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

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)	Frequent			
2 Interactions limited to giving/receiving information	Occasional			
3 Interactions exceed giving/receiving information (e.g., advises, persuades, justifies)	Occasional			
4 Interactions occur under circumstances of emotional stress	Never			
5 Risk of confrontation with violent or assaultive clients or customers	Never			

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	Constant			
2 Work Outside	Never			
3 Extreme Heat (above 100 degrees)	Never			
4 Extreme Cold (below 32 degrees)	Never			
5 Excessive Noise (must raise voice to be heard)	Never			
6 Vibration (e.g., jack hammer, hammer drill, chainsaw, etc.)	Never			
7 Dust, Vapors, Fumes, Smoke	Never			
8 Silica, asbestos, etc.	Never			
9 Solvents (e.g., gas, turpentine, etc.)	Never			
10 Grease, oils	Never			
11 Acidic, Caustic Solutions	Never			
12 Pesticides	Never			
13 Explosives (e.g., dynamite, bomb, etc.)	Never			
14 Cleaning supplies, abrasives	Occasional			
15 Other Chemicals (e.g. drugs and other contraband)	Never			
16 Human Blood, Body Tissues, or Fluids	Never			
17 Human Wastes	Never			
18 Animal Blood, Body Tissues, or Fluids	Never			
19 Animal Wastes	Never			
20 Biological Toxins (e.g., poison ivy, poison oak, anthrax, etc.)	Never			
21 Insect Bites (e.g., ticks, mosquitos, spiders, etc.)	Never			
22 Biomedical Waste	Never			
23 Ionizing Radiation	Never			
24 Non-Ionizing Radiation	Never			
25 Electrical Energy	Never			
26 Walking on uneven, slippery, or rough surfaces	Never			
27 Proximity to moving mechanical parts (e.g., equipment, machinery)	Never			
28 Proximity to moving vehicles or objects	Never			
29 Heights (e.g., rooftop, ladders, scaffolding, etc.)	Never			
30 Contact with water, other liquids, humid conditions - not weather related	Never			
31 Work Below Ground: (e.g., excavation, trench, etc.)	Never			
32 Potential exposure to airborne infectious diseases (e.g. clinics, labs, corrections)	Never			
33 Operates non-commercial motor vehicles (cars, trucks)	Never			
34 Operates commercial vehicles – CDL Class _____ Endorsements _____	Never			
35 Operates passenger van to transport clients, inmates, etc.	Never			
36 Pulls non-commercial trailers or equipment	Never			
37 Operates heavy equipment	Never			
38 Other:	Never			

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	N/A	N/A	N/A
2 DOT Commercial Driver Drug and Alcohol Screening	N/A	N/A	N/A
3 DOT Commercial Driver Physical Exam	N/A	N/A	N/A
4 Respirator Physical Exam	N/A	N/A	N/A
5 Respirator Questionnaire – Short	N/A	N/A	N/A
6 Respirator Questionnaire – Standard	N/A	N/A	N/A
7 Blood lead level	N/A	N/A	N/A
8 Hazardous Waste/Emergency Worker physical	N/A	N/A	N/A
9 Heavy metal screen (mercury, lead, arsenic)	N/A	N/A	N/A
10 HINT Hearing Noise Sensitivity Testing	N/A	N/A	N/A
11 Tuberculosis skin test	N/A	N/A	N/A
12 Vaccine: MMR	N/A	N/A	N/A
13 Vaccine: Hepatitis B	N/A	N/A	N/A
14 Vaccine: Influenza	N/A	N/A	N/A
15 Vaccine: Meningococcal	N/A	N/A	N/A
16 Vaccine: Pneumococcal	N/A	N/A	N/A
17 Vaccine: Rabies	N/A	N/A	N/A
18 Vaccine: Rabies Titer	N/A	N/A	N/A
19 Vaccine: Tdap	N/A	N/A	N/A
20 Vaccine: Chickenpox	N/A	N/A	N/A

PART 11: ADDITIONAL INFORMATION, PICTURES, ETC.