

COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

JOB CLASSIFICATION: Intern Graduate/Undergrad

DEPARTMENT: District Attorney’s Office

PHYSICAL DEMAND STRENGTH RATING:

DATE COMPLETED:

DIVISION:

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. |
|---|---------------|----------------|--|---|--------------------------------|--|
| Check FJCSC email daily to review Lethality Assessments provided by local law enforcement agencies. | | | | | | |
| Screen and forward Lethality Assessments that meet specific thresholds to the High-Risk Case Manager for follow-up contact. | | | | | | |
| Correspond with records departments from local law enforcement and other community partners to gather records related to high-risk cases. | | | | | | |
| Assist in the coordination of high-risk case reviews and team meetings, including scheduling meetings with DV High-Risk Team partners. | | | | | | |

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|---|---------------|----------------|--|---|--------------------------------|--|
| Prepare case summations for team meetings to facilitate discussions and decision-making. | | | | | | |
| Support the collection and organization of case data and documentation. | | | | | | |
| Gather data from the FJCSC system, community partners, and police reports to create a comprehensive picture of client situations. | | | | | | |
| Conduct data analysis to identify trends and patterns in high-risk domestic violence cases. | | | | | | |
| Assist in preparing progress reports for grant funder. | | | | | | |
| Help prepare reports and presentations for team discussions and community outreach. | | | | | | |
| Maintain confidentiality and handle sensitive information with discretion. | | | | | | |
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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 | | | | | |
| 2 Walking | | | | | |
| 3 Running | | | | | |
| 4 Standing | | | | | |
| 5 Bending-Neck | | | | | |
| 6 Bending-Waist | | | | | |
| 7 Squatting | | | | | |
| 8 Climbing | | | | | |
| 9 Kneeling | | | | | |
| 10 Crawling | | | | | |
| 11 Twisting (neck) | | | | | |
| 12 Twisting (waist) | | | | | |
| 13 Repetitive Hand Use | | | | | |
| 14 Simple Grasping-Right Hand | | | | | |
| 15 Simple Grasping-Left Hand | | | | | |
| 16 Power Grasping-Right Hand | | | | | |
| 17 Power Grasping-Left Hand | | | | | |
| 18 Fine Manipulation-Right Hand | | | | | |
| 19 Fine Manipulation-Left Hand | | | | | |
| 20 Pushing and Pulling (right hand) | | | | | |
| 21 Pushing and Pulling (left hand) | | | | | |
| 22 Reaching (above shoulder level) | | | | | |
| 23 Reaching (below shoulder level) | | | | | |
| 24 Lifting-up to 10 lbs. | | | | | |
| 25 Lifting-11-25 lbs. | | | | | |
| 26 Lifting-26-50 lbs. | | Never | | | |
| 27 Lifting 51-75 lbs. | | Never | | | |
| 28 Lifting 76-100 lbs. | | Never | | | |
| 29 Lifting 100 + lbs. | | Never | | | |
| 30 Carrying 0-10 lbs. | | | | | |
| 31 Carrying 11-25 lbs. | | | | | |
| 32 Carrying 26-50 lbs. | | Never | | | |
| 33 Carrying 51-75 lbs. | | Never | | | |
| 34 Carrying 76-100 lbs. | | 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 | | | | | |
| 2 Functional color vision, normal or corrected | | | | | |
| 3 Functional night vision, normal or corrected | | | | | |
| 4 Functional hearing, normal or corrected | | | | | |
| 5 A sense of smell or taste | | | | | |

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

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

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 | | | | |
| 2 Meet time sensitive deadlines | | | | |
| 3 Long and/or irregular hours | | | | |
| 4 Limited/unpredictable opportunity for breaks | | | | |
| 5 Required to perform on-call or emergency work | | | | |

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

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) | | | | |
| 2 Interactions limited to giving/receiving information | | | | |
| 3 Interactions exceed giving/receiving information (e.g., advises, persuades, justifies) | | | | |
| 4 Interactions occur under circumstances of emotional stress | | | | |
| 5 Risk of confrontation with violent or assaultive clients or customers | | | | |

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 | | | | |
| 2 Work Outside | | | | |
| 3 Extreme Heat (above 100 degrees) | | | | |
| 4 Extreme Cold (below 32 degrees) | | | | |
| 5 Excessive Noise (must raise voice to be heard) | | | | |
| 6 Vibration (e.g., jack hammer, hammer drill, chainsaw, etc.) | | | | |
| 7 Dust, Vapors, Fumes, Smoke | | | | |
| 8 Silica, asbestos, etc. | | | | |
| 9 Solvents (e.g., gas, turpentine, etc.) | | | | |
| 10 Grease, oils | | | | |
| 11 Acidic, Caustic Solutions | | | | |
| 12 Pesticides | | | | |
| 13 Explosives (e.g., dynamite, bomb, etc.) | | | | |
| 14 Cleaning supplies, abrasives | | | | |
| 15 Other Chemicals (e.g. drugs and other contraband) | | | | |
| 16 Human Blood, Body Tissues, or Fluids | | | | |
| 17 Human Wastes | | | | |
| 18 Animal Blood, Body Tissues, or Fluids | | | | |
| 19 Animal Wastes | | | | |
| 20 Biological Toxins (e.g., poison ivy, poison oak, anthrax, etc.) | | | | |
| 21 Insect Bites (e.g., ticks, mosquitos, spiders, etc.) | | | | |
| 22 Biomedical Waste | | | | |
| 23 Ionizing Radiation | | | | |
| 24 Non-Ionizing Radiation | | | | |
| 25 Electrical Energy | | | | |
| 26 Walking on uneven, slippery, or rough surfaces | | | | |
| 27 Proximity to moving mechanical parts (e.g., equipment, machinery) | | | | |
| 28 Proximity to moving vehicles or objects | | | | |
| 29 Heights (e.g., rooftop, ladders, scaffolding, etc.) | | | | |
| 30 Contact with water, other liquids, humid conditions - not weather related | | | | |
| 31 Work Below Ground: (e.g., excavation, trench, etc.) | | | | |
| 32 Potential exposure to airborne infectious diseases (e.g. clinics, labs, corrections) | | | | |
| 33 Operates non-commercial motor vehicles (cars, trucks) | | | | |
| 34 Operates commercial vehicles – CDL Class _____ Endorsements _____ | | | | |
| 35 Operates passenger van to transport clients, inmates, etc. | | | | |
| 36 Pulls non-commercial trailers or equipment | | | | |
| 37 Operates heavy equipment | | | | |
| 38 Other: | | | | |

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 | | | |
| 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.