

COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

JOB CLASSIFICATION: IOLERO Law Enforcement Auditor, I. II. III
DEPARTMENT: Independent Office of Law Enforcement Review and Outreach
PHYSICAL DEMAND STRENGTH RATING: Sedentary/Light

DATE COMPLETED: 1-7-2020
DIVISION: IOLERO Admin

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. |
|---|---------------|----------------|---|---|--------------------------------|--|
| While performing the following duties, employees in this position work in a typical office setting, sitting for long periods of time and routinely using office equipment such as computers, phones, and office equipment. | | | | | | |
| Works independently and uses good judgment while assisting in performing audits of investigations involving highly confidential issues. Prepares audit reports as required evaluating the adequacy and thoroughness of the investigation, and the quality and accuracy of the investigation report. | 1 | F | Computer, phone, stapler, label maker, printer/copier, hole punch | | E | |
| Assists in conducting independent investigations, interviewing witnesses, performing depositions, and may appear in court to litigate subpoenas and issues related to law enforcement administrative investigations and other issues. | 2 | C | Computer, phone, stapler, label maker, printer/copier, hole punch | | E | |

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|---|---------------|----------------|--|---|--------------------------------|--|
| Assesses and makes recommendations regarding policies, procedures, strategies, training and practices based on the complaints received and issues identified in Sheriff Office policies and procedures. Advises if any investigations appear incomplete or otherwise deficient, and requests further review as deemed necessary. When warranted, proposes independent recommendations or determinations regarding investigations. | 3 | F | Computer, phone, stapler, label maker, printer/copier, hole punch | | E | |
| Assists in auditing investigations of complaints involving Sheriff's Office sworn personnel including the review of available evidence such as surveillance video, dispatch records, recorded interviews, medical records, transcripts and police reports. | 4 | O | Computer, phone, Computer, phone, stapler, label maker, printer/copier, hole punch | | E | |
| Maintains liaison with Sheriff's Office management, outside law enforcement agencies, community groups and CAC members. Works collaboratively with law enforcement staff, educates the community on law enforcement practices, policies, strategies, incident trends and challenges. | 5 | F | Computer, phone, stapler, label maker, printer/copier, hole punch | | E | |
| Attends and participates in Community Advisory Council meetings and may give presentations at other community outreach events or board of supervisors' meetings. Provides additional information, policy and legal-related advice as required. | 6 | O | Computer, phone, stapler, label maker, printer/copier, hole punch | | E | |
| Conducts legal research in relation to the independent law enforcement oversight and review. Tracks and analyzes legislative actions and law enforcement audit trends which may have an effect on the functions of the Office. Advises on legislative and audit trends and makes recommendations to the Director of IOLERO or higher level IOLERO attorney classifications. | 7 | F | Computer, phone, stapler, label maker, printer/copier, hole punch | | E | |
| Assists in the preparation of the Office's annual report to the Board of Supervisors including gathering data such as statistical information, analysis of trends of the law enforcement offices, trends in law enforcement review, and prepares ad hoc reports. | 8 | O | Computer, phone, stapler, label maker, printer/copier, hole punch | | E | |
| | | | | | | |
| Law Enforcement Auditor III- only | | | | | | |
| Trains staff; assigns work; provides advice and technical guidance as a subject matter expert; resolves the most complex issues | 9 | F | Computer, phone, stapler, label maker, printer/copier, hole punch | | 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 | 1-8 | C | | | |
| 2 Walking (greeting people; walking to meetings) | 1-8 | O | | | |
| 3 Running | N/A | N | | | |
| 4 Standing | 1-8 | O | | | |
| 5 Bending-Neck | 1-8 | F | | | |
| 6 Bending-Waist | 1-8 | O | | | |
| 7 Squatting | N/A | N | | | |
| 8 Climbing | N/A | N | | | |
| 9 Kneeling | N/A | N | | | |
| 10 Crawling | N/A | N | | | |
| 11 Twisting (neck) | 1-8 | F | | | |
| 12 Twisting (waist) | 1-8 | O | | | |
| 13 Repetitive Hand Use | 1-8 | C | | | |
| 14 Simple Grasping-Right Hand | 1-8 | O | | | |
| 15 Simple Grasping-Left Hand | 1-8 | O | | | |
| 16 Power Grasping-Right Hand | N/A | N | | | |
| 17 Power Grasping-Left Hand | N/A | N | | | |
| 18 Fine Manipulation-Right Hand (taking manual notes) | 1-8 | C | | | |
| 19 Fine Manipulation-Left Hand (taking manual notes) | 1-8 | C | | | |
| 20 Pushing and Pulling (right hand) (opening doors, file cabinets, and drawers) | 1-8 | C | | | |
| 21 Pushing and Pulling (left hand) (opening doors, file cabinets, and drawers) | 1-8 | F | | | |
| 22 Reaching (above shoulder level) (reaching for files, supplies) | 2, 4, 7, 8 | O | | | |
| 23 Reaching (below shoulder level) (reaching for files, supplies) | 1-8 | F | | | |
| 24 Lifting-up to 10 lbs. | 2, 4 | F | | | |
| 25 Lifting-11-25 lbs. | 1-8 | O | | | |
| 26 Lifting-26-50 lbs. | 1-8 | O | | | |
| 27 Lifting 51-75 lbs. | N/A | N | | | |
| 28 Lifting 76-100 lbs. | N/A | N | | | |
| 29 Lifting 100 + lbs. | N/A | N | | | |
| 30 Carrying 0-10 lbs. | 2, 4 | O | | | |
| 31 Carrying 11-25 lbs. | N/A | N | | | |
| 32 Carrying 26-50 lbs. | N/A | N | | | |
| 33 Carrying 51-75 lbs. | N/A | N | | | |
| 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 | 1-8 | 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 | 1-8 | C | | | |
| 5 A sense of smell or taste | N/A | 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 | O | | | |
| 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 | F | | | |
| 2 Meet time sensitive deadlines | F | | | |
| 3 Long and/or irregular hours | O | | | |
| 4 Limited/unpredictable opportunity for breaks | N | | | |
| 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 | O | | | |
| 2 Attention divided by issues requiring multi-tasking | F | | | |
| 3 Work requires precise attention to detail | C | | | |
| 4 Use of judgment in routine matters | F | | | |
| 5 Requires use of judgment in adapting procedures from one task to another | F | | | |
| 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 | F | | | |
| 3 Interactions exceed giving/receiving information (e.g., advises, persuades, justifies) | F | | | |
| 4 Interactions occur under circumstances of emotional stress | O | | | |
| 5 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 |
|---|---|---------------------------|---------------------------------------|---------------------------------------|
| 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.) | N | | | |
| 10 Grease, oils | N | | | |
| 11 Acidic, Caustic Solutions | N | | | |
| 12 Pesticides | N | | | |
| 13 Explosives (e.g., dynamite, bomb, etc.) | N | | | |
| 14 Cleaning supplies, abrasives | N | | | |
| 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.) | N | | | |
| 21 Insect Bites (e.g., ticks, mosquitos, spiders, etc.) | N | | | |
| 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 | O | | | |
| 27 Proximity to moving mechanical parts (e.g., equipment, machinery) | N | | | |
| 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 | N | | | |
| 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) | O | | | |
| 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: | | | | |

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.