

ADA Essential Functions Worksheet

Date: 11/3/2023

Department: DPW-Engineering

Classification Title: Engineering Technician

I verify that the following information accurately describes the essential functions of the job listed.

Brett Wallace (signature on file)
Supervisor Name: Print and Sign

Engineering Services Manager
Title: Print

1. **General Purpose of the Work:**
Survey Crew, Asset Management, CADD Tech, Construction Inspection, Permits, Traffic Studies, Technical Engineering Report, Development and Utility Plan Review

2. **Major tasks that are performed as part of the position:**
Daily Duties: Review and Approve Permits, CADD Work

Regular Periodic Duties: Survey, Traffic Studies, Asset Management

Occasional or Infrequent Duties: Construction Inspection, Asset Inspection, Permit Inspection

3. **Machines or equipment used in performing the essential functions of the job:**
Survey Equipment, Small Tools, Computers, Traffic Counters

4. **Does the position require the ability to work any shifts and/or day? Specify.**
No.

5. **Physical Demands and Work Conditions:**
Complete the following activities list identifying the physical demands of the job and the work conditions under which the work is performed.
Assess the amount of time required to perform those activities or work under the conditions identified.
Use the criteria listed below to determine the amount of time each day.

ACTIVITIES	Is the Activity Performed?		Frequency		
	No	Yes	Occasional 0 – 33% of the workday	Frequent 34 – 66% of the workday	Continuous 67 – 100% of the workday

SITTING		X			X
STANDING		X			X
LIFTING					
0 – 20 lbs. (light)		X	X		
21 – 50 lbs. (moderate)		X	X		
51 – 100 lbs. (heavy)	X				
100 lbs. (very heavy)	X				
Maximum Lift: 50 lbs.		X	X		
Lifting from Arm Level		X	X		
Lifting from Floor Level		X	X		
PUSHING					
Light objects		X	X		
Medium objects		X	X		
Heavy objects	X				
On/off elevator		X	X		
Up/down incline		X	X		

REPETITIVE MOTIONS

PULLING					
Light objects		X	X		
Medium objects		X	X		
Heavy objects	X				
On/off elevator		X	X		
Up/down incline		X	X		
WALKING					
On smooth surface		X		X	
On uneven surface		X	X		
Up/Down Stairs		X		X	
RUNNING					
On smooth surface	X				
On uneven surface	X				
Up/Down stairs	X				

ACTIVITIES	Is the Activity Performed? Place an "X" in the appropriate column		Frequency If the activity is performed, place an "X" in the appropriate frequency of performance column		
	No	Yes	Occasional 0 – 33% of the workday	Frequent 34 – 66% of the workday	Continuous 67 – 100% of the workday

REPETITIVE MOTIONS Continued

CLIMBING	No	Yes	Occasional	Frequent	Continuous
Stairs		X		X	
Ladders		X	X		
Inclines		X	X		
Scaffolds	X				

AGILITY

BALANCE	No	Yes	Occasional	Frequent	Continuous
		X			X
REACHING	No	Yes	Occasional	Frequent	Continuous
Below shoulder		X	X		
Above shoulder		X	X		
TRUNK MOVEMENT	No	Yes	Occasional	Frequent	Continuous
Rotation		X	X		
Bending forward		X	X		
Bending back		X	X		
Bending to side		X	X		
Bending down		X	X		
LOW LEVEL WORK	No	Yes	Occasional	Frequent	Continuous
Crawling		X	X		
Kneeling		X	X		
Squatting		X	X		
HAND/FINGER DEXTERITY:	No	Yes	Occasional	Frequent	Continuous
Fine Finger Movements		X	X		
Unilateral		X	X		
Bilateral		X	X		
Speed is vital	X				
Hold/manipulate small objects		X	X		
CARRYING OBJECTS	No	Yes	Occasional	Frequent	Continuous
On smooth surface		X	X		
On uneven surface		X	X		
Up/down stairs		X	X		

ACTIVITIES	Is the Activity Performed? Place an "X" in the appropriate column		Frequency If the activity is performed, place an "X" in the appropriate frequency of performance column		
	No	Yes	Occasional 0 – 33% of the workday	Frequent 34 – 66% of the workday	Continuous 67 – 100% of the workday

AGILITY Continued

CARRYING OBJECTS Up ladders or stools		X	X		
DRIVING Class "D" driver's license needed (i.e., regular driver's licence)		X		X	
Commercial Driver's License Needed (specify class _____)	X				
VISION Near vision acuity		X		X	
Far vision acuity		X		X	
Vision – Color Identification		X	X		
Vision – Depth Identification		X	X		
Talking in Person		X		X	
Talking via Phone or On Radio		X		X	
Hearing in Person		X		X	
Hearing via Phone or On Radio		X		X	

WORKING CONDITIONS

Inside		X		X	
Outside		X		X	
Work with others		X		X	
Work alone		X		X	
Work near others		X		X	
Cramped workspace (limits motion)		X	X		
Toxic Chemicals	X				
Dusts		X	X		
Vapors / Fumes		X	X		

ACTIVITIES	Is the Activity Performed? Place an "X" in the appropriate column		Frequency If the activity is performed, place an "X" in the appropriate frequency of performance column		
	No	Yes	Occasional 0 – 33% of the workday	Frequent 34 – 66% of the workday	Continuous 67 – 100% of the workday

WORKING CONDITIONS Continued					
Heat		X	X		
Cold		X	X		
Noise		X	X		
Vibration		X	X		
Radiation		X	X		
Computer Work		X		X	
Pathogens/blood and body fluids	X				
Respirator Use – Specify (SCBA)	X				
Gas Mask –if on CERT Team	X				
WORK HOURS					
Regular Overtime Required		X	X		