ADA Essential Functions Worksheet

D	ate:	November 2016							
Department:		DPW-Central Fle	eet						
Class Title:		Lead Mechanic ar	nd Mechanic						
L	verify that th	e following informat	ion accurately describes	the esse	ential functions of the job listed.				
R	obert W. Ra	uchle		Fleet N	<i>l</i> lanager				
Supervisor Signature					visor Title (please print)				
**	*****	********	*********	*****	****************	**			
1.		al Purpose of the Work: n maintenance and repair of vehicles and equipment							
2.	Major tasks that are performed as part of the position:								
	Daily Duties: Service, adjust, lubricate, and diagnosis of various vehicles and equipment.								
		Desir He Desire	Dealer and a Mari		·				
			Replacement and/or i Fvarious vehicles and e		vehicle and equipment ent.				
						•••••			
	Occasio	nal or Infrequent	: Duties : Overhaul of I	ight, hea	avy, and turf equipment				
3.	Compute	r, various hand to	ed in performing the E ols, air impact tools, sr hammers, and tools. I	mall mad	chines, electronic diagnostic				
	······································								
4.	The empl	oyee must be cap	he ability to work any s pable of working all shi operations and weathe	fts inclu	ding nights and weekends				
5.	the physic Assess the identified.	cal demands of the amount of time	e job and the work cor required to perform the listed below to determi	nditions ose acti	te the attached checklist identifying under which the work is performed vities or work under the conditions amount of time each day: Please	Ī.			
			Occasionally Frequently Continuous	= =	0 – 33% of your workday 34 – 66% of your workday 67 – 100% of your workday				

ACTIVITIES	YES	NO	осс	FREQ	CONT
SITTING	v				
STANDING	X			X	
LIFTING	^			X	
0 – 20 lbs. (light	······································				
***************************************	X	***************************************			XX
21 – 50 lbs. (moderate) 51 – 100 lbs. (heavy)	X	******************		X	
SPRINGS,TIRES	X	*************************	X	,	
200 lbs. (very heavy) USUALLY 2-person lift	х	***************************************	х		
Maximum Lift: 100 lbs.		***************************************	ļ	}	******************************
Lifting from Arm Level	X	******************************		х	4
Lifting from Floor Level	х			х	
PUSHING					***********
Light objects	Х				X
Medium objects	Х		****	х	**************************
Heavy objects	х	************************	X		
On/off elevator	***************************************	X	***************************************		***************************************
Up/down incline	Х			х	
REPETITIVE MOTIONS Type of Motion	33370	***************************************			
PULLING					
Light objects	x		1041		X
Medium objects	х			х	
Heavy objects	Х		Х		
On/off elevator		х			
Up/down incline	Х			х	
WALKING					
On smooth surface	х				Х
On uneven surface OUTSIDE	х		Х		
Up/Down Stairs	Х			х	
RUNNING					
On smooth surface		х			
On uneven surface		х			
Up/Down Stairs		х			
CLIMBING					
Stairs	x			х	
Ladders	X			Х	****
Inclines	х			Х	
Scaffolds		Х			

ACTIVITIES	YES	NO	occ	FREQ	CONT
AGILITY					
Balance	х	************************	x		
REACHING					
Below shoulder	Х			Х	**********************
Above shoulder	Х	***************************************	***************************************	X	
TRUNK MOVEMENT					
Rotation	х		***************************************	х	***************************************
Bending forward	x	***************************************		X	
Bending back	х		***************************************	х	***************************************
Bending to side	х	******************	***************************************	х	
Bending down	х	***************************************	***************************************	х	***************************************
LOW LEVEL WORK					
Crawling	Х			х	***************************************
Kneeling	х		***************************************		X
Squatting	х			х	
HAND/FINGER DEXTERITY:					
Fine Finger Movements	Χ				Х
Unilateral	Х				X
Bilateral	x				X
Speed is vital	X		Х		
Hold/manipulate small objects	х				х
CARRYING OBJECTS		***************************************	******************************	***************************************	***************************************
On smooth surface	х	**************************	***************************************		X
On uneven surface OUTSIDE	x		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	x	
Up/down stairs	X			x	
Up ladders or stools	х			х	
DRIVING					
Class "D" driver's license needed	X			x	*************************
Commercial Driver's License Needed (specify classA)	X			х	
VISION					
Near vision acuity	X				Х
Far vision acuity	х				X
Vision – Color Identification	X				X
Vision – Depth Identification	x				Х

ACTIVITIES	YES	NO	осс	FREQ	CONT
Talking in Person	X				Χ
Talking via Phone (On Radio)	X	4.52.2002.2009.54.200	h-+8444444488444444444444444444444444444	X	
Hearing in Person	Χ	***********		3.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Х
Hearing via Phone (On Radio)	Х	· 		х	
Work Conditions		********************			
Inside	Х	>>>>××××××××××××××××××××××××××××××××××	*************************		X
Outside	X	***************		X	**********
Work with others	Х	******			X
Work alone	X	*******************	.,	X	*******************
Work near others	х	***************************************		X	**********************
Cramped work space: limits motion	x		x		
Toxic Chemicals	X	******************************	X	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Dusts	х	******************		х	*********************
Vapors / Fumes	X	************************	***************************************		X
Heat	х		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		X
Cold	х	*********************	************************	*************************	X
Noise	х		***************************************	******************************	Χ
Vibration	x	***************************************		х	
Radiation	*************************	X			
CRT Use	X	*********************	Х		
Pathogens/blood and body fluids	x		Х		
Respirator Use – Specify DUST MASK	Х		X		
Work Hours					
Regular Overtime Required	х		Х		