ADA Essential Functions Worksheet

Date: <u>11/3/2016</u>							
D	epartment: DPW Highway Operations						
C	ass Title: Patrol Worker						
L	erify that the following information accurately describ	es the essential functions of the job listed.					
1	Fet Chlodie	Highway Operations Manager					
Si	pervisor Signature	Supervisor Title (please print)					
**	****************	***************					
1.	 General Purpose of the Work: To perform all work involving maintenance and repair of highways, roads, bridges, and right-of-ways. 						
2.	Major tacks that are performed as part of the pe						
∠. _	Major tasks that are performed as part of the position: Daily Duties: Inspect work areas and equipment, conduct patrol of assigned roadways, remove debris and eliminate hazards. Respond to request for maintenance and repair of highways.						
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_	Regular Periodic Duties : pavement repair, gubasin repair, Tree trimming, remedy erosion of highway defects						
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=	Occasional or Infrequent Duties: Snow and Ice control, bridge deck repair, culvert cleaning, culvert lining, weed spraying.						
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3.	Machines or equipment used in performing the Essential Functions of the job:						
_	Patrol trucks, Tandem trucks, one ton trucks, pick up trucks, front end loaders, patrol graders, excavators, road sweepers, tar kettles, air hammers, brush chippers, mowers, tractors.						
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4.	Does the position require the ability to work any Yes, during severe weather events including si						

5. Physical Demands and Work Conditions: Please complete the attached checklist 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: Please

place an "X" in the column for the criteria.

0 – 33% of your workday

2. Frequently

1. Occasionally

34 – 66% of your workday

3. Continuous

= 67 – 100% of your workday =

ACTIVITIES	YES	NO	occ	FREQ	CONT
SITTING	х		x		
STANDING	х				х
LIFTING	х		х		
0 – 20 lbs. (light)	x				Х
21 – 50 lbs. (moderate)	Х			Х	
51 – 100 lbs. (heavy)	x		Х		
100 lbs. (very heavy		Х			
Lifting from Arm Level			Х		
Lifting from Floor Level			х		
PUSHING					
Light objects	х			Х	
Medium objects	Х		х		
Heavy objects	x		х		
On/off elevator		Х			
Up/down incline	х		х		
REPETITIVE MOTIONS Type of Motion					
PULLING					
Light objects	Х			Х	
Medium objects	X			х	
Heavy objects	х		х		
On/off elevator		Х			
Up/down incline	x		х		
WALKING					
On smooth surface	х				Х
On uneven surface	х			Х	
Up/Down Stairs	x		Х		
RUNNING					
On smooth surface	X		х		
On uneven surface		Х			
Up/Down Stairs		Х			
CLIMBING					
Stairs	x		X		
Ladders	x		X		
Inclines	x		х		
Scaffolds		Х			
AGILITY					
Balance	х				Х

ACTIVITIES	YES	NO	осс	FREQ	CONT
REACHING					
Below shoulder	X			Х	
Above shoulder	Х		х		
TRUNK MOVEMENT					
Rotation	Х			х	
Bending forward	X			Х	
Bending back	Х		Х		
Bending to side	X		Х		
Bending down	Х			х	
LOW LEVEL WORK					
Crawling	Χ		х		
Kneeling	Χ		Х		
Squatting	Х		Х		
HAND/FINGER DEXTERITY:					
Fine Finger Movements	X		х		
Unilateral	Χ		Х		
Bilateral	Χ		Х		
Speed is vital	Χ		Х		
Hold/manipulate small objects	Х		Х		
CARRYING OBJECTS					
On smooth surface	X			х	
On uneven surface	X			х	
Up/down stairs	X		Х		
Up ladders or stools	Х		Х		
DRIVING					
Class "D" driver's license needed	X				Х
Commercial Driver's License Needed (specify class <u>A</u>)	X				х
VISION					
Near vision acuity	X				х
Far vision acuity	X				Х
Vision – Color Identification	X		х		
Vision – Depth Identification	Х				х
Talking in Person	X				x
Talking via Phone	X			х	
Hearing in Person	X				х
Hearing via Phone	Х			X	
Work Conditions			<u> </u>		

ACTIVITIES	YES	NO	ОСС	FREQ	CONT
					
Inside	X		Х		
Outside	X				х
Work with others	X				X
Work alone	X		Х		
Work near others	X				Х
Cramped work space: limits motion	X		х		
Toxic Chemicals	X		Х		
Dusts	X		Х		
Vapors / Fumes	X		Х		
Heat	X			Х	
Cold	X			Х	
Noise	X				X
Vibration	X			Х	
Radiation		X			
Computer Screen Use	Χ		Х		
Pathogens/blood and body fluids		X			
Respirator Use - Specify	х		x Dust Mask		
Work Hours					
Regular Overtime Required	Х		Х		