

ADA Essential Functions Worksheet

Date: 08/18/2023

Department: PLU-Environmental Health

Classification Title: Environmental Health Sanitarian (and Lead Environmental Health Sanitarian) and Environmental Health Supervisor per EH Manager Sarah Ward, 04/03/2024

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

Supervisor Name: Skylar Behm (signature on file) Print and Sign Title: Environmental Health Supervisor Print

\*\*\*\*\*

1. General Purpose of the Work:

Inspect private and public water systems, private sewage systems, and licensed establishments for compliance with WI Adm Codes

2. Major tasks that are performed as part of the position:

Daily Duties: Schedule appointments for evaluations, inspect POWTS installation, witness soil test; conduct inspections at licensed establishments such as restaurants, pools, hotels, retail food stores

Regular Periodic Duties: Discuss on the phone and in person with individuals making inquiries regarding the above tasks

Occasional or Infrequent Duties: Conduct surveys, meet with and discuss EH issues with groups and presentations. Conduct inspections at Fairs, Farmers Markets, vending machines

3. Machines or equipment used in performing the essential functions of the job:

Vehicle, propane torch, thermometer, camera, computer/laptops, portable printer, software applications, desk top monitors, smart phone (County issued or personal)

4. Does the position require the ability to work any shifts and/or day? Specify.

Mostly Monday-Friday, 8 am to 4:40 pm; weekend sand after 4:30 pm especially during the warmer weather months

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

<b>SITTING</b>		X	X		
<b>STANDING</b>		X	X		
<b>LIFTING</b>		X	X		
0 – 20 lbs. (light)		X	X		
21 – 50 lbs. (moderate)		X	X		
51 – 100 lbs. (heavy)	X				
100 lbs. (very heavy)	X				
Maximum Lift: 25 lbs.					
Lifting from Arm Level		X	X		
Lifting from Floor Level		X	X		
<b>PUSHING</b>		X	X		
Light objects		X	X		
Medium objects	X				
Heavy objects	X				
On/off elevator		X	X		
Up/down incline		X	X		

**REPETITIVE MOTIONS**

<b>PULLING</b>		X	X		
Light objects		X	X		
Medium objects	X				
Heavy objects	X				
On/off elevator		X	X		
Up/down incline		X	X		
<b>WALKING</b>		X	X		
On smooth surface		X	X		
On uneven surface		X	X		
Up/Down Stairs		X	X		
<b>RUNNING</b>	X				
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					
<b>CLIMBING</b>		X	X		
Stairs		X	X		
Ladders		X	X		
Inclines		X	X		
Scaffolds	X				
AGILITY					
<b>BALANCE</b>		X	X		
<b>REACHING</b>		X	X		
Below shoulder		X	X		
Above shoulder		X	X		
<b>TRUNK MOVEMENT</b>		X	X		
Rotation		X	X		
Bending forward		X	X		
Bending back		X	X		
Bending to side		X	X		
Bending down		X	X		
<b>LOW LEVEL WORK</b>		X	X		
Crawling		X	X		
Kneeling		X	X		
Squatting		X	X		
<b>HAND/FINGER DEXTERITY:</b>		X	X		
Fine Finger Movements		X	X		
Unilateral		X	X		
Bilateral		X	X		
Speed is vital	X				
Hold/manipulate small objects		X	X		
<b>CARRYING OBJECTS</b>		X	X		
On smooth surface		X	X		
On uneven surface		X	X		
Up/down stairs		X	X		

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
	Place an "X" in the appropriate column		If the activity is performed, place an "X" in the appropriate frequency of performance column		

AGILITY Continued					
<b>CARRYING OBJECTS</b> Up ladders or stools	X				
<b>DRIVING</b> Class "D" driver's license needed (i.e., regular driver's licence)		X		X	
Commercial Driver's License Needed (specify class _____)	X				
<b>VISION</b> Near vision acuity		X			X
Far vision acuity		X			X
Vision – Color Identification		X			X
Vision – Depth Identification		X			X
<b>Talking in Person</b>		X	X		
<b>Talking via Phone or On Radio</b>		X	X		
<b>Hearing in Person</b>		X	X		
<b>Hearing via Phone or On Radio</b>		X	X		
WORKING CONDITIONS					
<b>Inside</b>		X	X		
<b>Outside</b>		X	X		
<b>Work with others</b>		X	X		
<b>Work alone</b>		X	X		
<b>Work near others</b>		X	X		
<b>Cramped workspace (limits motion)</b>	X				
<b>Toxic Chemicals</b>	X				
<b>Dusts</b>	X				
<b>Vapors / Fumes</b>	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				
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		