

ADA Essential Functions Worksheet

Date: 09/11/2017

Department: Public Works/Facilities Management Division

Class Title: Maintenance Mechanic I

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

[Signature]
Supervisor Signature

Facilities Supervisor
Supervisor Title (please print)

- 1. **General Purpose of the Work:**
To perform maintenance work in County buildings.

- 2. **Major tasks that are performed as part of the position:**
Daily Duties:
Execute general service requests, room set-ups, preventive maintenance tasks, filter changes, light fixture changes and cleaning.

Regular Periodic Duties:
Pickups and deliveries, assisting Mechanic II's.

Occasional or Infrequent Duties:
Sweep or shovel snow and salt ice at building entries.

- 3. **Machines or equipment used in performing the Essential Functions of the job:**
Hand tools, power tools, ladders, hand held radios, PC's.

- 4. **Does the position require the ability to work any shifts and/or day? Specify.**
Primarily 1st shift M-F, some weekends and night shifts to meet operational needs.

- 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.

- 1. **Occasionally** = 0 – 33% of your workday
- 2. **Frequently** = 34 – 66% of your workday
- 3. **Continuous** = 67 – 100% of your workday

ACTIVITIES	YES	NO	OCC	FREQ	CONT
SITTING	X		X		
STANDING	X				X
LIFTING					
0 – 20 lbs. (light)	X				X
21 – 50 lbs. (moderate)	X			X	
51 – 100 lbs. (heavy)	X		X		
100 lbs. (very heavy)	X		X		
Maximum Lift: 100 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		X		
On/off elevator	X				X
Up/down incline	X		X		
REPETITIVE MOTIONS					
Type of Motion	X			X	
PULLING					
Light objects	X				X
Medium objects	X			X	
Heavy objects	X		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			
CLIMBING					
Stairs	X			X	
Ladders	X			X	
Inclines	X			X	
Scaffolds	X		X		

ACTIVITIES	YES	NO	OCC	FREQ	CONT
AGILITY					
Balance	X				X
REACHING					
Below shoulder	X				X
Above shoulder	X			X	
TRUNK MOVEMENT					
Rotation	X				X
Bending forward	X				X
Bending back	X			X	
Bending to side	X				X
Bending down	X				X
LOW LEVEL WORK					
Crawling	X		X		
Kneeling	X			X	
Squatting	X			X	
HAND/FINGER DEXTERITY:					
Fine Finger Movements	X			X	
Unilateral	X			X	
Bilateral	X			X	
Speed is vital	X		X		
Hold/manipulate small objects	X				X
CARRYING OBJECTS					
On smooth surface	X				X
On uneven surface	X			X	
Up/down stairs	X			X	
Up ladders or stools	X		X		
DRIVING					
Class "D" driver's license needed	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

ACTIVITIES	YES	NO	OCC	FREQ	CONT
Talking in Person	X			X	
Talking via Phone	X		X		
Hearing in Person	X				X
Hearing via Phone	X		X		
Work Conditions					
Inside	X			X	
Outside	X			X	
Work with others	X			X	
Work alone	X			X	
Work near others	X			X	
Cramped work space: limits motion	X		X		
Toxic Chemicals	X		X		
Dusts	X		X		
Vapors / Fumes	X		X		
Heat	X		X		
Cold	X		X		
Noise	X			X	
Vibration	X		X		
Radiation		X			
Computer Screen Use	X		X		
Pathogens/blood and body fluids	X		X		
Respirator Use - Specify		X			
Work Hours					
Regular Overtime Required	X		X		