

ADA Essential Functions Worksheet

Date: 03/07/2018

Department: Medical Examiner's Office

Class Title: Deputy Medical Examiner Supervisor

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

Supervisor Signature \_\_\_\_\_ Medical Examiner
Supervisor Title (please print)

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1. General Purpose of the Work:

Supervises death investigations conducted through the Medical Examiner's Office. Manages investigative DMEs both administratively and regarding professional competency. Coordinate responsibilities of office daily office work as well as business continuity/disaster planning.

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

Daily Duties:

Plan, supervise, organize, distribute and evaluate the work of the DMEs and ensure 24x7 coverage for the office. Provides direction to staff in handling of individual cases.

Regular Periodic Duties:

Develops and maintains policies and procedures, then trains and instructs staff on both administrative and operational procedures. Conducts both formal and informal performance evaluations of DMEs. Serves as liaison for interactions with other County departments, tissue recovery agencies and funeral homes. Performs responsibilities of the Deputy Medical Examiner to investigate deaths in accordance with WI State statutes on a rotational basis, as well as when needed for emergency coverage. Outside scene investigations under variable environmental conditions.

Occasional or Infrequent Duties:

Serve as coordinator for mass fatality and business continuity planning. Coordinate, research, and evaluate the replacement of equipment such as cameras, CO detectors, cell phones and pagers as well as new technology.

3. Machines or equipment used in performing the Essential Functions of the job:

Computer, lab and morgue equipment, tools, supplies, transport cot, transfer lift; respirators, large SUV/van.

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

Yes, position requires ability to work weekends, holidays and various shifts.

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
<b>SITTING</b>	X			X	
<b>STANDING</b>	X			X	
<b>LIFTING</b>					
0 – 20 lbs. (light)	X		X		
21 – 50 lbs. (moderate)	X		X		
51 – 100 lbs. (heavy)	X		X		
100 lbs. (very heavy)		X			
Maximum Lift: 75 lbs.	X		X		
Lifting from Arm Level	X		X		
Lifting from Floor Level	X		X		
<b>PUSHING</b>					
Light objects	X		X		
Medium objects	X		X		
Heavy objects	X		X		
On/off elevator	X		X		
Up/down incline	X		X		
<b>REPETITIVE MOTIONS</b>					
Type of Motion	X			X	
<b>PULLING</b>					
Light objects	X		X		
Medium objects	X		X		
Heavy objects	X		X		
On/off elevator	X		X		
Up/down incline	X		X		
<b>WALKING</b>					
On smooth surface	X			X	
On uneven surface	X		X		
Up/Down Stairs	X		X		
<b>RUNNING</b>					
On smooth surface		X			
On uneven surface		X			
Up/Down Stairs		X			
<b>CLIMBING</b>					
Stairs	X		X		
Ladders	X		X		
Inclines	X		X		
Scaffolds		X			

ACTIVITIES	YES	NO	OCC	FREQ	CONT
<b>AGILITY</b>					
Balance	X				X
<b>REACHING</b>					
Below shoulder	X			X	
Above shoulder	X		X		
<b>TRUNK MOVEMENT</b>					
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>					
Crawling		X			
Kneeling	X		X		
Squatting	X		X		
<b>HAND/FINGER DEXTERITY:</b>					
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>					
On smooth surface	X		X		
On uneven surface	X		X		
Up/down stairs	X		X		
Up ladders or stools	X		X		
<b>DRIVING</b>					
Class "D" driver's license needed	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

ACTIVITIES	YES	NO	OCC	FREQ	CONT
<b>Talking in Person</b>	X				X
<b>Talking via Phone</b>	X				X
<b>Hearing in Person</b>	X				X
<b>Hearing via Phone</b>	X				X
<b>Work Conditions</b>					
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			
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		X		
Computer Screen Use	X				X
Pathogens/blood and body fluids	X			X	
Respirator Use – Specify (N95)	X		X		
<b>Work Hours</b>					
Regular Overtime Required	X		X		