

# ADA Essential Functions Worksheet

Date: 9/27/2023

Department: Department of Emergency Preparedness

Classification Title: Telecommunicator

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

Chris Becker *Chris Becker* Operations Manager  
Supervisor Name: Print and Sign Title: Print

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**1. General Purpose of the Work:**

Performs work involving emergency and non-emergency call-taking and dispatching of law enforcement, fire and EMS agencies in response to requests for assistance from the public and aids in dispatching and coordinating the agencies in accomplishing their official duties.

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

Daily Duties:

Answers emergency and non-emergency telephone calls using computerized equipment, identifying the nature of the incident and the proper agencies to respond. Maintains an activity status record of units; selects proper unit to respond based upon incident criteria. Provides life-saving and scene safety instructions for Emergency Medical Dispatch or Emergency Fire Dispatch. Operations the Time System used for driver's license checks, registration checks, checks for wanted persons, etc.

Regular Periodic Duties: Participation in work groups such as Social Media Team, Hiring Team, QA, may assist in the training of other telecommunicators providing feedback to both the employee and supervisor and may perform the duties of Operation in Charge (OIC) or Certified Training Office (CTO).

Occasional or Infrequent Duties: Professional Development, attendance at industry conferences.

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

Computers for administrative work (Microsoft office products, scheduling software), CAD, radio, phone system.

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

Telecommunicators are assigned a shift, however, due to the emergency nature of our business, it is required that telecommunicators remain flexible as they shall be called upon to work at anytime during a 24-hour period. Varied and extended hours may be necessary due to staffing needs or emergencies. The expectation is that all telecommunicators will be subject to working hours outside of their normally scheduled hour in order to fulfill the needs of the center.

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### 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>					
0 – 20 lbs. (light)		X	X		
21 – 50 lbs. (moderate)	X				
51 – 100 lbs. (heavy)	X				
100 lbs. (very heavy)	X				
Maximum Lift: 200 lbs.	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				
On/off elevator	X				
Up/down incline	X				

**REPETITIVE MOTIONS**

<b>PULLING</b>					
Light objects		X	X		
Medium objects	X				
Heavy objects	X				
On/off elevator	X				
Up/down incline	X				
<b>WALKING</b>					
On smooth surface		X		X	
On uneven surface	X				
Up/Down Stairs	X				
<b>RUNNING</b>					
On smooth surface	X				
On uneven surface	X				
Up/Down stairs	X				

ACTIVITIES	Is the Activity Performed?		Frequency		
	Place an "X" in the appropriate column		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>					
Stairs	X				
Ladders	X				
Inclines	X				
Scaffolds	X				
AGILITY					
<b>BALANCE</b>	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	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			X
Hold/manipulate small objects		X		X	
<b>CARRYING OBJECTS</b>					
On smooth surface		X	X		
On uneven surface	X				
Up/down stairs	X				

ACTIVITIES	Is the Activity Performed?		Frequency		
	Place an "X" in the appropriate column		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

Up ladders or stools	X				
<b>DRIVING</b>					
Class "D" driver's license needed (i.e., regular driver's licence)	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				
<b>Heat</b>	X				
<b>Cold</b>	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		

WORKING CONDITIONS Continued					
Noise		X		X	
Vibration	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	