

ADA Essential Functions Worksheet

Date: 10/23/2017

Department: Public Works/Facilities Management Division

Class Title: Maintenance Mechanic III

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

Supervisor Signature

Facilities Supervisor
Supervisor Title (please print)

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1. General Purpose of the Work:

To assign, plan, schedule and serve as a lead worker in performing and directing maintenance work in County buildings utilizing journeyman or sub journeyman skills.

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

Daily Duties:

Prepare and coordinate the distribution of work assignments to maintenance staff; operate computer using the asset management system for work order and PM processing; utilize work processing and email.

Regular Periodic Duties:

Monitor building automation systems making adjustments as needed or dispatch mechanics as required. Perform complex mechanical maintenance repair work on large HVAC systems.

Occasional or Infrequent Duties:

Sweep or shovel snow and salt ice at building entries; move furniture as required; perform Mechanic II duties as needed.

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

Hand tools, power tools, ladders, hand held radios, PC's, tablets, department vehicles.

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

As needed.

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		X		
Maximum Lift: 100 lbs.					
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		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		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			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
Talking in Person	X			X	
Talking via Phone	X			X	
Hearing in Person	X				X
Hearing via Phone	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		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			
<b>Work Hours</b>					
Regular Overtime Required	X		X		