

ADA Essential Functions Worksheet

Date: 11/3/2016

Department: DPW Highway Operations

Class Title: Crew Leader

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

[Handwritten Signature]

Highway Operations Manager

Supervisor Signature

Supervisor Title (please print)

1. General Purpose of the Work:

To lead a crew of 6-7 Patrol Workers involving maintenance and repair of highways, roads, bridges, and right-of-ways.

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

Daily Duties:

Inspect work areas and equipment, assign work to crew members and other patrol workers. Create Work Orders for crew work. Determine machinery and staff assignments, communicate work effort with other County, State and local municipal workers. Schedule and coordinate all crew work. Respond to emergency requests for maintenance and repair of highways.

Regular Periodic Duties:

Pavement repair, guardrail, fence, sign, shoulder, culverts catch basin repair, repair erosion of right of ways, bridge deck repair, culvert lining, and repair or replacement of highway defects.

Occasional or Infrequent Duties: Snow and Ice control, culvert cleaning

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

Patrol trucks, Tandem trucks, one ton trucks, pickup trucks, front end loaders, patrol graders, excavators, road sweepers, tar kettles, air hammers, brush chippers, mowers, tractors.

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

Yes, during severe weather events including snow storms, flooding and tornadoes.

3. 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	x		x		
0 – 20 lbs. (light)	x				x
21 – 50 lbs. (moderate)	x			x	
51 – 100 lbs. (heavy)	x		x		
100 lbs. (very heavy)		x			
Lifting from Arm Level			x		
Lifting from Floor Level			x		
PUSHING					
Light objects	x			x	
Medium objects	x		x		
Heavy objects	x		x		
On/off elevator		x			
Up/down incline	x		x		
REPETITIVE MOTIONS					
Type of Motion					
PULLING					
Light objects	x			x	
Medium objects	x			x	
Heavy objects	x		x		
On/off elevator		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		x		
On uneven surface		x			
Up/Down Stairs		x			
CLIMBING					
Stairs	x		x		
Ladders	x		x		
Inclines	x		x		
Scaffolds		x			
AGILITY					
Balance	x				x

ACTIVITIES	YES	NO	OCC	FREQ	CONT
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 <u>A</u>)	X				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			
Respirator Use - Specify	x		x Dust Mask		
Work Hours					
Regular Overtime Required	x		x		