

ADA Essential Functions Worksheet

Tom Zembalski  
8-18-23

Department: DPW Central Fleet

Class Title: Stock Clerk

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

~~Robert W. Rauche~~ Thomas A. Zembalski Fleet Manager

Supervisor Signature

Supervisor Title (please print)

\*\*\*\*\*

1. General Purpose of the Work:

Maintains inventory, ordering of parts and supplies

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

Daily Duties: Ordering of parts and supplies, maintains inventory system, prepare payment vouchers, scheduling of commercial work. Issues parts and supplies, documents parts distribution, maintain vendor contact, manages warranty items. Stocks shelves.

Regular Periodic Duties: Operate forklift, maintain Material Safety Data Sheets and safety files.

Occasional or Infrequent Duties:

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

Computer, calculator, telephone, forklift, dial caliper

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

The individual must be capable of working all shifts including weekends depending on emergency operations and weather conditions.

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?  Place an "X" in the appropriate column		Frequency  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

<b>SITTING</b>		X		X	
<b>STANDING</b>		X		X	
<b>LIFTING</b>		X			X
0 – 20 lbs. (light)		X			
21 – 50 lbs. (moderate)		X		X	
51 – 100 lbs. (heavy)		X	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>		X			X
Light objects		X			
Medium objects		X		X	
Heavy objects		X	X		
On/off elevator	X				
Up/down incline		X		X	
<b>REPETITIVE MOTIONS</b>					
<b>PULLING</b>		X			X
Light objects		X			
Medium objects		X		X	
Heavy objects		X	X		
On/off elevator	X				
Up/down incline		X		X	
<b>WALKING</b>		X			X
On smooth surface		X			
On uneven surface		X	X		
Up/Down Stairs		X		X	
<b>RUNNING</b>	X				
On smooth surface	X				
On uneven surface	X				
Up/Down stairs	X				

ACTIVITIES	Is the Activity Performed?  Place an "X" in the appropriate column		Frequency  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>		X		X	
Stairs					
Ladders		X		X	
Inclines		X		X	
Scaffolds	X				
<b>AGILITY</b>					
<b>BALANCE</b>		X	X		
<b>REACHING</b>		X		X	
Below shoulder					
Above shoulder		X		X	
<b>TRUNK MOVEMENT</b>		X		X	
Rotation					
Bending forward		X		X	
Bending back		X		X	
Bending to side		X		X	
Bending down		X		X	
<b>LOW LEVEL WORK</b>	X				
Crawling					
Kneeling		X	X		
Squatting	X				
<b>HAND/FINGER DEXTERITY:</b>		X			X
Fine Finger Movements					
Unilateral		X		X	
Bilateral		X		X	
Speed is vital	X				
Hold/manipulate small objects		X			X
<b>CARRYING OBJECTS</b>		X			X
On smooth surface					
On uneven surface		X		X	
Up/down stairs		X		X	

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

AGILITY Continued					
<b>CARRYING OBJECTS</b> Up ladders or stools		X		X	
<b>DRIVING</b> Class "D" driver's license needed (i.e., regular driver's licence)		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
<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
<b>WORKING CONDITIONS</b>					
<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		X	
<b>Vapors / Fumes</b>		X	X		

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

WORKING CONDITIONS Continued					
Heat		X	X		
Cold		X	X		
Noise		X		X	
Vibration		X	X		
Radiation	X				
Computer Work		X			X
Pathogens/blood and body fluids	X				
Respirator Use – Specify (SCBA)	X				
Gas Mask –if on CERT Team	NA				
WORK HOURS					
Regular Overtime Required		X	X		