

ADA Essential Functions Worksheet

Date: 08/07/2023

Department: DPW-Facilities Maintenance

Classification Title: Housekeeping Supervisor

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

Shane Waeghe (signature on file)

Facilities Manager

Supervisor Name: Print and Sign

Title: Print

1. General Purpose of the Work:

Supervise and review the work of the in-house and contracted staff engaged in Housekeeping and custodial operations and handles personnel problems of the staff

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

Daily Duties: inspects and oversees the cleaning of County facilities. Initiates action with contract cleaning service or staff employees if improperly maintained. Receives, investigates and resolves complaints on cleaning problems.

Regular Periodic Duties: Coordinates cleaning projects including deep clean program and specialty work activities amongst departments. Maintains detailed records and prepares written and oral reports. Establishes and maintains effective working relationships with maintenance and housekeeping staff, building occupants, contractors, and other employees.

Occasional or Infrequent Duties: budget preparation for housekeeping supplies, personnel and equipment. Attend seminars and meetings.

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

Vacuums, extractors, buffers, scrubbers, ladders, County vehicles, cell phone and hand radio

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

Yes

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

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	X		
Maximum Lift: 100 lbs.		X	X		
Lifting from Arm Level		X	X		
Lifting from Floor Level		X	X		
PUSHING	X		X		
Light objects	X		X		
Medium objects	X		X		
Heavy objects		X			
On/off elevator		X			
Up/down incline		X			

REPETITIVE MOTIONS

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

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	No	Yes	Occasional 0 – 33% of the workday	Frequent 34 – 66% of the workday	Continuous 67 – 100% of the workday

REPETITIVE MOTIONS Continued

CLIMBING		X			X
Stairs					
Ladders		X		X	
Inclines		X		X	
Scaffolds		X	X		

AGILITY

BALANCE		X	X		
REACHING		X		X	
Below shoulder					
Above shoulder		X		X	
TRUNK MOVEMENT		X	X		
Rotation					
Bending forward		X	X		
Bending back		X	X		
Bending to side		X	X		
Bending down		X	X		
LOW LEVEL WORK	X				
Crawling					
Kneeling		X	X		
Squatting		X	X		
HAND/FINGER DEXTERITY:		X	X		
Fine Finger Movements					
Unilateral		X	X		
Bilateral		X	X		
Speed is vital		X	X		
Hold/manipulate small objects		X	X		
CARRYING OBJECTS		X		X	
On smooth surface					
On uneven surface		X	X		
Up/down stairs		X	X		

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AGILITY Continued					
CARRYING OBJECTS Up ladders or stools		X	X		
DRIVING Class "D" driver's license needed (i.e., regular driver's licence)		X		X	
Commercial Driver's License Needed (specify class _____)	X				
VISION Near vision acuity		X			X
Far vision acuity		X			X
Vision – Color Identification		X			X
Vision – Depth Identification		X			X
Talking in Person		X			X
Talking via Phone or On Radio		X		X	
Hearing in Person		X			X
Hearing via Phone or On Radio		X		X	
WORKING CONDITIONS					
Inside		X			X
Outside		X		X	
Work with others		X		X	
Work alone		X		X	
Work near others		X		X	
Cramped workspace (limits motion)	X				
Toxic Chemicals		X	X		
Dusts		X		X	
Vapors / Fumes		X	X		

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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	X		
Respirator Use – Specify (SCBA)		X	X		
Gas Mask –if on CERT Team	X				
WORK HOURS					
Regular Overtime Required	X				