

ADA Essential Functions Worksheet

Date: 03/07/2018

Department: Medical Examiner's Office

Class Title: Deputy Medical Examiner

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

Supervisor Signature

Supervisor Title (please print)

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1. General Purpose of the Work:

Under supervision investigate and report on the cause and manner of death; and to determine if case falls under the jurisdiction of the Medical Examiner.

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

Daily Duties:

Investigates death scenes; examines evidence, assists in the investigation and identification of decedent; collects and preserves physical evidence; notifies next of kin and others; removes body from scene of death.

Regular Periodic Duties:

Prepares and issues death certificate, disinterment permits, subpoenas, and other legal documents for embalming and cremation. Assists at autopsy with photographic duties, collection and documentation of evidence recovered at post mortem examination. Outside scene investigations under variable environmental conditions.

Occasional or Infrequent Duties:

Testify in civil and criminal court cases. Assist at autopsy and subsequent cleaning, stocking and preparation of the morgue.

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

Computer, lab and morgue equipment, tools, supplies, transport cot, transfer lift; respirators, large SUV/van.

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

Yes, position requires ability to work weekends, holidays and various shifts.

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			
Maximum Lift: 75 lbs.	X		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		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			

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			
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			
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			
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		X		
Computer Screen Use	X				X
Pathogens/blood and body fluids	X			X	
Respirator Use – Specify (N95)	X		X		
<b>Work Hours</b>					
Regular Overtime Required	X		X		