

ADA Essential Functions Worksheet

Date: 08/07/2023

Department: DPW-Facilities Maintenance

Classification Title: Electrician

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

Shane Waeghe (signature on file)  
Supervisor Name: Print and Sign

Facilities Manager  
Title: Print

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1. **General Purpose of the Work:**

To perform journeyman level work installing and maintaining electrical devices.

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

Daily Duties: Perform installation, preventative maintenance and repair on electrical appliances, motors, and heating and ventilating equipment

Regular Periodic Duties: Installs, maintains and repairs electrical power, transmission, lighting, communication, signal, or alarm systems, instruments, appliances and apparatus.

Occasional or Infrequent Duties: Closely monitor vendors performing electrical work

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

Hand tools, power tools, and diagnostic equipment.

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

Yes, 24/7

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?		Frequency		
	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	X		
21 – 50 lbs. (moderate)		X	X		
51 – 100 lbs. (heavy)		X	X		
100 lbs. (very heavy)	X				
Maximum Lift: 80 lbs.		X	X		
Lifting from Arm Level		X	X		
Lifting from Floor Level		X	X		
<b>PUSHING</b>		X	X		
Light objects		X	X		
Medium objects		X	X		
Heavy objects		X	X		
On/off elevator		X	X		
Up/down incline		X	X		

**REPETITIVE MOTIONS**

<b>PULLING</b>		X		X	
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>		X		X	
On smooth surface		X		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?		Frequency		
	Place an "X" in the appropriate column		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

CLIMBING	No	Yes	Occasional	Frequent	Continuous
Stairs		X		X	
Ladders		X		X	
Inclines		X		X	
Scaffolds		X	X		

AGILITY

BALANCE	No	Yes	Occasional	Frequent	Continuous
		X			X
REACHING	No	Yes	Occasional	Frequent	Continuous
Below shoulder		X		X	
Above shoulder		X		X	
TRUNK MOVEMENT	No	Yes	Occasional	Frequent	Continuous
Rotation		X			X
Bending forward		X			X
Bending back		X		X	
Bending to side		X			X
Bending down		X			X
LOW LEVEL WORK	No	Yes	Occasional	Frequent	Continuous
Crawling	X		X		
Kneeling	X			X	
Squatting	X			X	
HAND/FINGER DEXTERITY:	No	Yes	Occasional	Frequent	Continuous
Fine Finger Movements	X			X	
Unilateral	X			X	
Bilateral	X			X	
Speed is vital	X			X	
Hold/manipulate small objects	X			X	
CARRYING OBJECTS	No	Yes	Occasional	Frequent	Continuous
On smooth surface	X		X		
On uneven surface	X		X		
Up/down stairs	X		X		

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	Place an "X" in the appropriate column		If the activity is performed, place an "X" in the appropriate frequency of performance column		

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		
WORKING CONDITIONS					
<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	X		
<b>Toxic Chemicals</b>		X	X		
<b>Dusts</b>		X	X		
<b>Vapors / Fumes</b>		X	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

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				
Gas Mask –if on CERT Team	X				
WORK HOURS					
Regular Overtime Required		X	X		