

**CITY OF DULUTH  
PHYSICAL DEMANDS DOCUMENTATION CHECKOFF LIST**

Job Title: Police Intelligence, Technology, & Records Manager

Date: 6/6/22

**Required:**

Documentation in a job description to accurately reflect the essential duties of the job and physical demands.

**Specify Significant PHYSICAL DEMANDS for the Job Requirements:**

Clarify how much on-the-job time is spent on the physical activities required to perform the job effectively. Use the chart below to develop your description of physical demands by checking the appropriate boxes.

**1. How much daily/weekly on-the-job time is spent on the following physical activities? (Use blank rows to fill in other physical demands not listed in this document.)**

	<u>Amount of Time</u>				
	<u>None</u>	<u>Under ½</u>	<u>Up to ½</u>	<u>Up to ¾</u>	<u>Over ¾</u>
Stand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use hands to finger, handle, or feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reach with hands and arms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typical height required of reach: _____ in. / Typical weight of object(s) used while reaching: _____ lbs.					
Climb or balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoop, kneel, crouch, or crawl	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk or hear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Taste or smell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. Does this job require that weight be lifted or force be exerted? If so, how much and how often?**

	<u>Amount of Time</u>				
	<u>None</u>	<u>Under ½</u>	<u>Up to ½</u>	<u>Up to ¾</u>	<u>Over ¾</u>
Up to 10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 25 pounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 50 pounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 50 pounds with assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Does this job have any special vision requirements?**

- Close vision (clear vision at 20 inches or less)
- Distance vision (clear vision at 20 feet or more)
- Color vision (ability to identify and distinguish colors)
- Peripheral vision (ability to observe an area that can be seen up and down or to the left and right while eyes are fixed on a given point)
- Depth perception (three-dimensional vision, ability to judge distances and spatial relationships)
- Ability to adjust focus (ability to adjust the eye to bring an object into sharp focus)
- No special vision requirements

**4. Specify the essential job duties that require the physical demands indicated above. (e.g., Requires standing ½ of the time.)**

**CITY OF DULUTH**  
**WORK ENVIRONMENT DOCUMENTATION CHECKOFF LIST**

**Job Title:** Police Intelligence, Technology, & Records Manager

**Date:** 6/6/22

**Required:**

Documentation in a job description to accurately reflect the essential duties of the job and work environment.

**Specify Significant WORK ENVIRONMENT for the Job Requirements:**

Clarify how much on-the-job time work environment conditions are required to perform the job effectively. Use the chart below to develop your description of work environment by checking the appropriate boxes.

**1. How much daily/weekly exposure to the following environmental conditions does this job require?**

	<u>Amount of Time</u>				
	None	Under 1/3	Up to 1/3	Up to 2/3	Over 2/3
Wet or humid conditions (non-weather)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work near moving mechanical parts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work in high, precarious places	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fumes or airborne particles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic or caustic chemicals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor weather conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme cold (non-weather)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme heat (non-weather)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of electrical shock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of radiation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vibration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. How much noise is typical for the work environment of this job?**

- Very quiet conditions (examples: forest trail, isolation booth for hearing test)
- Quiet conditions (examples: library, private office)
- Moderate noise (examples: business office with computers and printers, light traffic)
- Loud noise (examples: metal can manufacturing department, large earth-moving equipment)
- Very loud noise (examples: jack hammer work, front row at rock concert)

**3. Specify the essential job duties that require the work environment conditions indicated above.**