

CITY OF DULUTH
PHYSICAL DEMANDS DOCUMENTATION CHECKOFF LIST

Job Title: Laborer I & II - Parks

Date: 1/30/23

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; this will be used to determine necessary pre-employment medical appointment(s) for the job classification.

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> | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| | None | Under 1/3 | Up to 1/3 | Up to 2/3 | Over 2/3 |
| Stand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Walk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Typical height required of reach: <u>less than 8ft</u> in. / Typical weight of objects used while reaching: <u>10-15</u> 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Talk or hear | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Taste or smell (Ex: gas leak, equipment malfunction)</u> | <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> | | | | |
|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | None | Under 1/3 | Up to 1/3 | Up to 2/3 | Over 2/3 |
| Up to 10 pounds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| More than 50 pounds with assistance | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Does this job have any special vision/hearing requirements?

- No special vision requirements. (Example: daily computer use, reading documents, etc.)
- No special hearing requirements. (Example: communicating with others, hearing a phone ring, car horns, sirens, etc.)
- Close vision (clear vision at 20 inches or less). Example: handle extremely small components to repair electronic equipment
- Distance vision (clear vision at 20 feet or more). Example: identify license plates; observe equipment function, etc.
- Color vision (ability to identify and distinguish colors). Example: identify color-coded wires; match paint colors/shades, etc.
- 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). Example: forestry, directing traffic, firefighting, police patrol, carpentry, plumbing, etc.
- Depth perception (three-dimensional vision, ability to judge distances and spatial relationships). Example: Lift Bridge employees, Water Plant employees, etc.
- Ability to adjust focus (ability to adjust the eye to bring an object into sharp focus). Example: repairing electronics
- No hearing loss. (Example: Lift Bridge employees)
- Minimal hearing loss. (Example: Police Officer, Fire operation employees, radio operators, etc.)

4. Specify the essential job duties in the job description that require the physical demands indicated above.

CITY OF DULUTH
WORK ENVIRONMENT DOCUMENTATION CHECKOFF LIST

Job Title: Laborer I & II - Parks

Date: 1/30/23

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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work near moving mechanical parts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Work in high, precarious places | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fumes or airborne particles | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Toxic or caustic chemicals | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Outdoor weather conditions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" 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 (Example: forest trail, isolation booth for hearing test)
- Quiet conditions (Example: library, private office)
- Moderate noise (Example: business office with computers and printers, light traffic)
- Loud noise (Example: metal can manufacturing department, large earth-moving equipment)
- Very loud noise (Example: jack hammer work, front row at rock concert)

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