

## PHYSICAL DEMANDS DOCUMENTATION CHECK OFF LIST

Maintained in Department File Only

**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?

	Amount of Time			
	None	Under 1/3	Up To 2/3	Over 2/3
Stand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use hands to finger, handle, or feel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach with hands and arms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb or balance	<input type="checkbox"/>	<input checked="" 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"/>
Talk or hear	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taste or smell	<input type="checkbox"/>	<input checked="" 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?

	Amount of Time			
	None	Under 1/3	Up To 2/3	Over 2/3
Up to 10 pounds	<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"/>
Up to 50 pounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 100 pounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 100 pounds	<input type="checkbox"/>	<input checked="" 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

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

i.e., Position requires standing 1/3 of the time.

i.e., Position requires lifting 1/3 of the time up to 10 pounds.

1. Installation, assistance and management of electronic, radio and wireless equipment such as wireless access points, IP Cameras, radio consoles, antennas, base stations, microwaves, multiplexors, mobile two-way radios, electronic relays, GPS devices, amplifiers, BDAs, and signaling equipment in and on buildings, vehicles, radio towers and other City owned or leased property.
2. Configure, monitor, maintain, analyze and test proper and reliable operation of supported equipment to fulfill business objectives and processes.
9. Recommend, schedule, and perform improvements to communication systems including upgrades and repairs.

**Any special physical demands should be clearly communicated to any applicant applying for this position and all employees occupying this position.**

## WORK ENVIRONMENT DOCUMENTATION CHECK OFF LIST

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**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?

	Amount of Time				
	Under		Up To		Over
	None	1/3	2/3	2/3	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of electrical shock	<input type="checkbox"/>	<input checked="" 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 (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)

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

1. Installation, assistance and management of electronic, radio and wireless equipment such as wireless access points, IP Cameras, radio consoles, antennas, base stations, microwaves, multiplexors, mobile two-way radios, electronic relays, GPS devices, amplifiers, BDAs, and signaling equipment in and on buildings, vehicles, radio towers and other City owned or leased property.

2. Configure, monitor, maintain, analyze and test proper and reliable operation of supported equipment to fulfill business objectives and processes.

9. Recommend, schedule, and perform improvements to communication systems including upgrades and repairs.

**Any special work environment and/or safety conditions should be clearly communicated to any applicant applying for this position and all employees occupying this position.**