Job Analysis Form

Employee Name _____

Alternate Format Available

SHORT FORM FOR PRE-EMPLOYMENT PHYSICALS

PATIENT NAME:

DEPARTMENT: Dept of Executive Services, RALS JOB DESCRIPTION:

JOB TITLE: Animal Shelter Administrator WORK SCHEDULE: 4 10 hour days, 40 hrs/week

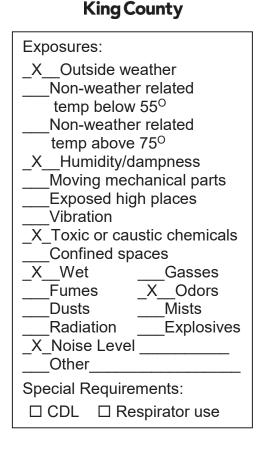
This responsibilities of the classification involve providing direction to staff, monitoring, and coordinating the daily operations of the Regional Animal Services of King County (RASKC) pertaining to animal care, placement, customer service, and programs to ensure constant humane care and treatment of sheltered animals. Incumbents must be sensitive to potential community reaction to activities at the shelter. WORK ENVIRONMENT: Animal Shelter

ESSENTIAL FUNCTIONS:

Lead and schedule the work of assigned staff. Evaluate and train assigned staff. Direct daily operations. Assist in lifting animals and supplies as needed; walking dogs, washing bedding in laundry machines, scanning animals for microchips, picking up debris, cleaning cages. This job is classified as HEAVY physical requirements

PHYSICAL DEMAND	HRS PER SHIFT
Standing	30 min - 3 hours
Walking ☑ uneven terrain	30 min - 3 hours
Sitting	2 - 6 hours
Climbing stairs	5 – 30 min
Climbing _step stool	0 – 10 min
Balancing	0
Bending/Stooping	30 min – 3 hours
Kneeling	30 min – 3 hours
Crouching	0 – 1 hour
Crawling	0 – 1 hour
Foot controls	30 min - 3 hours
Reaching above shoulders	10 min – 2 hours
Reaching waist-shoulder	1 – 7 hours

PHYSICAL DEMAND	HRS PER SHIFT
Reaching knee-waist	10 min – 1 hour
Reaching floor-knee	0 min – 1 hour
Lifting/Carrying 1-10#	2 - 6 hours
Lifting/Carrying 11-20#	30 min – 3 hours
Lifting/Carrying 21-50#	30 min – 3 hours
Lifting/Carrying 51-100#	Assisted
Lifting/Carrying 100+#	Assisted
Handling (animals)	2 – 10 hours
Hand Controls	0 – 2 hours
Fingering ☑ keyboarding	30 min – 8 hours
Vision to assure safety of others	Color vision
Hearing to communicate with customers	2 - 6 hours
Other	



I have reviewed this Job Analysis and agree that the employee can perform the physical activities described.

Physician's Signature

Date