

EMPLOYEE:

CLAIM #



Job Analysis Form

ALTERNATE FORMAT AVAILABLE

JOB TITLE Work Crew Supervisor

JOB CLASSIFICATION Community Corrections Work Crew Supervisor

DOT TITLE Crew Manager and Landscape Gardner

DOT NUMBER 408.131-010 & 408.161-010

DEPARTMENT Adult and Juvenile Detention

DIVISION Community Corrections

OF POSITIONS IN THE DEPARTMENT WITH THIS JOB TITLE 8-10

CONTACT'S NAME & TITLE Paula Seeger, Disability Services Specialist

CONTACT'S PHONE 206-205-9517

ADDRESS OF WORKSITE

Community Corrections, M. S. KCF-AD-0600 WER/EHD, 500 5th Avenue, Seattle, WA 98104

VRC NAME Paula Seeger

DATE COMPLETED 4/06/04

WORK HOURS 7:30 to 3:30, Monday through Saturday

DATE REVISED 9/11/09

OVERTIME (Note: Overtime requirements may change at the employer's discretion)
Required, in order to meet contractual requirements between 40 and 80 hours per year

JOB DESCRIPTION: This classification is responsible for the supervision, monitoring and coordination of the landscape maintenance and custodial duties assigned to participants in the Community Work Program. Crews work in and around King County facilities or for other contract agencies throughout King County.

DISTINGUISHING CHARACTERISTICS:

This is a single level supervisory classification that is assigned to direct and monitor the work of participants in the Community Work Program. Program participants are offenders under court order to serve in an alternative to detention community program. This classification is distinguished from other supervisory classification within King County because of its responsibilities for supervising the work of non-County employees, defendants and offenders.

ESSENTIAL ABILITIES FOR ALL KING COUNTY JOB CLASSIFICATIONS

1. Ability to demonstrate predictable, reliable, and timely attendance.
2. Ability to follow written and verbal directions and to complete assigned tasks on schedule.
3. Ability to read, write & communicate in English and understand basic math.
4. Ability to learn from directions, observations, and mistakes, and apply procedures using good judgment.
5. Ability to work independently or part of a team; ability to interact appropriately with others.
6. Ability to work with supervision, receiving instructions/feedback, coaching/counseling and/or action/discipline.

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JOB SPECIFIC REQUIREMENTS:

Knowledge of basic supervisory techniques and principles.
Knowledge of landscaping maintenance and planting techniques and principles.
Knowledge of landscaping and custodial tools and equipment.
Knowledge of basic teaching principles and techniques for equipment operation and use.
Knowledge of safety techniques and principles for landscaping and custodial equipment.
Working knowledge of supervising, motivating and directing the work of offenders.
Skill in working with a diverse population of participants.
Excellent communication (oral) skills is essential.
Skill in motivating others to initiate action.
Demonstrated skill in de-escalating potentially hostile individuals and situations. Listening skills.

ESSENTIAL FUNCTIONS

1. Demonstrate, supervise, monitor and coordinate the duties assigned to a group of 5 to 10 Community Work Program participants performing a variety of grounds maintenance and custodial activities.
2. Develop, plan, organize and schedule the work activities of the crew, provide instructions, inspect work for adherence to established instructions and work standards.
3. Act as the program representative in work with contract agency staff and the general public regarding program participants.
4. Educate and train participants in the execution of assigned duties and responsibilities.
5. Prepare and maintain records and reports related to program participants and crew work activities, including daily reporting of work location and tasks completed.
6. Participate in the development of and/or recommend new policies and procedures to enforce and/or revise program activities and participant rules.
7. Assist division management in the efficient operation of crews and track performance of program participants.
8. Oversee the safety of crew participants and insure the proper use of equipment.
9. Recommend corrective action to resolve unsafe working conditions. Call 911 for an emergency assistance if required to resolve conflicts of offenders involving physical altercations.
10. Store, issue and maintain records of supplies and equipment assigned to the program.
11. Prepare written reports regarding program participants, safety measures, accidents and related activities.
12. Report participant compliance or non-compliance with court orders on a regular and timely basis. Report to their supervisor any non-compliance or AWOL status of offenders.
13. Drives a 12-15 passenger County vehicle with automatic transmission to and from work sites at various locations in King County. Must have and maintain a valid Washington state driver's license.
14. Ability to acquire and maintain a valid Flagger (Traffic Control) card.
15. Ability to acquire and maintain first aid and CPR certification in order to provide emergency assistance to crew members as needed.

NON-ESSENTIAL FUNCTIONS

1. Hauling a trailer and facilitating the dumping of site refuse as required.
2. Interpret and comply with court orders regarding offender sentences.
3. Basic understanding of landscaping, planting and maintenance of landscaped grounds.

4. Assist crew members in performing work tasks.

PERSONAL PROTECTIVE EQUIPMENT USED

Work gloves, safety goggles, traffic cones, lights, reflective vests, hard hats as required for the task.

OTHER TOOLS & EQUIPMENT USED

Van, trailer, all landscaping hand tools, mowers, blowers, edgers and trimmers.

PHYSICAL DEMANDS AS JOB IS TYPICALLY PERFORMED

Continuously = occurs 66-100% of the time

Frequently = occurs 33-66% of the time

Occasionally = occurs 1-33% of the time

Rarely = may occur less than 1% of the time

Never = does not ever occur (such demands are not listed)

Highly Repetitive = Repeating the same motion every few seconds with little or no variation for more than two hours total per day.

This job is classified as a combination of light and medium work.

Light—exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently and/or a negligible amount of force constantly. A job is light if involves less than or up to the indicated pounds of force and one or more of the following apply; walking and standing to a significant degree, sitting and pushing/pulling of arm or leg controls, or constant pushing and pulling to maintain a production rate even when weight is negligible.

Medium—exerting 20 to 50 pounds of force occasionally, and/or 25-50 pounds of force frequently, and/or 10-20 pounds of force constantly.

Standing

Health Care Provider initials if restricted

Continuously on grass, bark, pine needles, asphalt, concrete surfaces for up to 2 hours at a time for up to 5-7 hours total in a work shift. Most commonly occurs while supervising offenders at the work site.

Walking

Health Care Provider initials if restricted

Continuously on grass, bark, pine needles, asphalt, concrete surfaces for up to 2 hours at a time for up to 5-7 hours total in a work shift. Most commonly occurs while supervising offenders at the work site.

Sitting

Health Care Provider initials if restricted

Occasionally on vehicle seat or office chair for up to 30 minutes at a time for up to 1 hour total in a work shift. Most commonly occurs while driving to and from sites and in completing paperwork.

Climbing stairs

Health Care Provider initials if restricted

Rarely for a few minutes at a time while climbing stairs at a work site for up to 5-10 minutes total in a work shift. Most commonly occurs while on a site as needed.

Climbing

Health Care Provider initials if restricted

Rarely to varying heights for a few minutes at a time for up to 5-10 minutes total in a work shift. Most commonly occurs while climbing hillsides, ladders into trees, slopes or ramps at work sites.

Balancing

Health Care Provider initials if restricted _____

Occasionally for 5-10 minutes at a time for up to 1 hour total in a work shift. Most commonly occurs while being on a ladder, hillside, loading and unloading equipment and refuse,

Bending neck up/down

Health Care Provider initials if restricted _____

Continuously and highly repetitively for up to 5 hours total in a work shift. Most commonly occurs while performing all work tasks and maintaining supervision of offenders

Bending/Stooping

Health Care Provider initials if restricted _____

Occasionally for 5 minutes at a time for up to 1 hour total in a work shift. Most commonly occurs while loading and unloading equipment and site refuse and gas up equipment.

Kneeling/Squatting/Crawling

Health Care Provider initials if restricted _____

Rarely on ground surfaces for 5 minutes at a time for up to 20 minutes total in a work shift. Most commonly occurs while maintaining equipment in the field.

Operating Controls with Feet

Health Care Provider initials if restricted _____

Occasionally for 30 minutes at a time for up to 1 hour total in a work shift while driving van to and from work site daily.

Reaching at waist to above shoulder height

Health Care Provider initials if restricted _____

Occasionally 5-30 minutes at a time for up to 1.5 hours total in a work shift while loading and unloading equipment, demonstrating required tasks and driving.

Reaching at floor to waist height

Health Care Provider initials if restricted _____

Occasionally for 5-30 minutes at a time for up to 1.5 hours total in a work shift while loading and unloading equipment and demonstrating required tasks.

Lifting/Carrying 1-20 pounds

Health Care Provider initials if restricted _____

Occasionally for 10 minutes at a time for up to 1 hour total in a work shift. Most commonly occurs with weights of 5-10 pounds at floor to shoulder height and carrying a distance 20-50 feet while loading and unloading equipment and supplies as required.

Lifting/Carrying 21-50 pounds

Health Care Provider initials if restricted _____

Occasionally of 5-10 minutes up to 30 minutes in a shift for distances of 10-20 feet. Most commonly occurs while moving sacks of fertilizer and landscape equipment.

Pushing and Pulling

Health Care Provider initials if restricted _____

Rarely of 1-5 minutes at a time with a force of 5-20 pounds at a time for up to 10 minutes total in a work shift while demonstrating use of equipment, opening/closing doors and loading/unloading equipment.

Handling

Health Care Provider initials if restricted _____

Occasionally for 30 minutes at a time for up to 1.5 hours total in a work shift while moving and demonstrating equipment and driving.

Operating Controls with Hands

Health Care Provider initials if restricted

Occasionally for 30 minutes at a time for up to 1.5 hours total in a work shift while driving and use of equipment.

Fingering

Health Care Provider initials if restricted

Rarely for 5 at a time for up to 10 minutes total in a work shift while writing reports and paperwork.

Talking

Health Care Provider initials if restricted

Frequently on an intermittent basis for 10 minutes at a time for up to 3 hours total in a work shift while directing offenders and demonstrating equipment.

Hearing/Seeing

Health Care Provider initials if restricted

Continuously throughout the work shift while maintaining supervision of offenders and monitoring their work.

Working with Heightened Awareness

Health Care Provider initials if restricted

Continuously for 2 hours at a time for 8 total in a work shift while maintaining supervision of offenders and monitoring their work.

ENVIRONMENTAL FACTORS

Work is performed in indoor and outdoor settings in facilities and properties within King County.

The noise level is

Health Care Provider initials if restricted

The noise is caused by work production and landscape equipment.

Work environment may include the following exposure(s):

Outside weather frequently while performing contracted work tasks

Wet/Humid/Dampness occasionally while working outside

Fumes/Odors/Dusts/Gases Frequently while performing contracted work tasks

Moving mechanical parts Occasionally while loading/unloading and demonstrating proper use of equipment

Vibration occasionally while driving and demonstrating proper use of equipment

Chemicals rarely to include fertilizers

HCP Initials if Restricted

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POTENTIAL MODIFICATIONS TO JOB

Restricted duty could involve change of work sites, equipment used and required tasks to temporarily accommodate medical or driving restrictions.

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SIGNATURES

Signatures on this page are obtained before the document becomes available for use and are not required each time the document is reused. Obtained signatures are kept on file at King County Safety & Claims. The Health Care Provider signature section is separate and appears on the following page.

Signature of VRC evaluator

Date

Printed name & title of contact

Signature of contact

Date

Printed name & title of employee

Signature of employee

Date

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HEALTH CARE PROVIDER SECTION

Check all that apply

- ☐ The employee is released to perform the described duties without restrictions on performance or work hours as of _____.
- ☐ The employee is released to perform the described duties on a reduced schedule as of _____. The recommended schedule is:
_____ ☐ Temporary until _____ ☐ Permanent as of _____
- ☐ The employee is released to perform the described job with the following modifications:

_____ ☐ Temporary until _____ ☐ Permanent as of _____
- ☐ The employee is not released to perform the described duties due to the following job functions:

_____ ☐ Temporary until _____ ☐ Permanent effective _____
- ☐ The employee is unable to work in any capacity.
A release to work is: ☐ anticipated by _____ ☐ Not expected

The limitations are due to the following objective medical findings:

Is the employee taking any medications, which could impact his/her cognitive ability to work?
☐ NO ☐ YES (if yes, please note on the form what tasks are impacted but do not provide diagnostic information nor information as to specific medications)

Are there possible limitations resulting from required use of mobility assistive devices or upper extremity hardware, such as casts, braces, etc. not addressed by this form and what are they?
☐ NO ☐ YES (if yes, please explain but do not provide diagnostic information) _____

Printed or typed name and phone number of Health Care Provider

Signature of Health Care Provider

Date

PLEASE FAX RETURN TO WORK RELEASE OR RESTRICTION INFORMATION TO: Paula R. Seeger, Disability Services Specialist, King County, Department of Adult & Juvenile Detention, fax # 206-205-5666. Phone contact can be made at 206-205-9517. Thank you!