

Americans with Disabilities Act Amendments Act (ADAAA) Checklist

Please complete the following sections based on the required essential job functions of the position:

Department _____ Position # _____ Position Title _____

Essential job functions are those duties and responsibilities that an individual must perform with or without the assistance of reasonable accommodations. This checklist is to document the physical and mental effort required in performing essential duties of the position.

Please identify up to five primary essential job functions relative to the position:

1. _____
2. _____
3. _____
4. _____
5. _____

WORK ENVIRONMENT AND TASKS:

Is the majority of time for this job spent inside and/or outside?

Please indicate if there is exposure to any of the below elements:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Extreme Temperatures | <input type="checkbox"/> Radiation | <input type="checkbox"/> Acidic or Harsh Substances | <input type="checkbox"/> Blood-Borne Pathogens |
| <input type="checkbox"/> Extreme Noise Levels | <input type="checkbox"/> Chemicals/Hazardous Waste | <input type="checkbox"/> Infectious Bacteria/Viruses | <input type="checkbox"/> Fumes/Airborne Particles |
| <input type="checkbox"/> Extreme Darkness | <input type="checkbox"/> Gases/Gas Leaks | <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Allergens (variety) |
| <input type="checkbox"/> Extreme Brightness | <input type="checkbox"/> Electrical Hazards | <input type="checkbox"/> Other: _____ | |

Please indicate if this job requires the regular use of or subject to any of the following: Firearms or Other Controlled Equipment

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> High or Precarious Places | <input type="checkbox"/> Moving Mechanical Parts | <input type="checkbox"/> Scaffolds | <input type="checkbox"/> Vibration |
| <input type="checkbox"/> Ladder/Step Stool | <input type="checkbox"/> Damp Conditions (non-weather) | <input type="checkbox"/> Confined Space(s) | <input type="checkbox"/> Computers/Monitors |
| <input type="checkbox"/> Driving vehicle (specify): _____ | | | |
| <input type="checkbox"/> Driving Light Equipment (specify): _____ | | | |
| <input type="checkbox"/> Driving Heavy Equipment (specify): _____ | | | |
| <input type="checkbox"/> Other: _____ | | | |

MENTAL CAPABILITY /COGNITIVE REQUIREMENTS:

Select from each drop down the most relevant description of mental capabilities needed in the position:

Comprehension	
Organization	
Decision Making	
Communication	

Please check ALL that apply to the essential functions of the job:

	Percentage of Time Performing the Task			
	Rare 0-30%	Occasional 30-60%	Frequent 60-90%	Constant 90-100%
<input type="checkbox"/> Memorization/Concentration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Learning/Knowledge Retention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Preparing/Analyzing Numerical Figures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Use of interfaced communication devices (e.g., phone, computer, TTY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Analyzing/Examining/Testing data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Emotional/Behavioral Self-Regulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Interacting with Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PHYSICAL EFFORT (please check only the requirements that are essential to the job):

Percentage of Time Performing the Task

	Rare 0-30%	Occasional 30-60%	Frequently 60-90%	Constant 90-100%	w/Assistance
Lifting/Carrying					
<input type="checkbox"/> 0 - 10 Pounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> 10-20 Pounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> 20-50 Pounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> 50-100 Pounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exertion					
<input type="checkbox"/> Cardiovascular	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Large Muscle/ Motor Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Mobility					
<input type="checkbox"/> Pushing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Pulling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Bending	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Squatting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Crawling/Kneeling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Reaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Standing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Sitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Sedentary/Stationary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Walking/Traverse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Climbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Hand Movement					
<input type="checkbox"/> Repetitive Motion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Finger Dexterity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Grasping/Holding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Visual Acuity					
<input type="checkbox"/> Visual Perception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Visual Inspection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Eye/Hand Coordination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Color Distinction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other Sensory					
<input type="checkbox"/> Hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Smelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Provide any additional information that is essential to the requirements of the job that have not already been addressed:

Supervisor Signature _____

Date _____