

Job Description City of Owensboro

Job Title: *Calltaker (Part Time and/or Intermittent)*
Effective Date : **December 19, 2012; Rev. Sept. 2, 2016**
Reporting Structure & Mission Statement: Reports to Police Sergeant or as otherwise designated by management. Refer to City of Owensboro Annual Budget for organization chart and mission statement.

Designated Work Hours : *Generally, Due to Temporary and/or Part time status, employee may be required to work as needed, in accordance with applicable law and policy. Employees are to receive one (1) 15 minute break for every 4 hour work period, and a 30 or 60 minute meal period, if applicable, between the 3rd and 5th hour of work. Designated work hours are subject to change on a permanent or temporary basis.*

NOTE : This job description supersedes all existing job descriptions for this job classification and may not be amended without approval of designated management. This job description, its contents, and its attachments are subject to change at any time, in accordance with applicable policy and law.

Approved By: Art Ealum, Chief of Police
Department Head or other Designated Management

Josh Bachmeier, Human Resources Manager
Personnel Dept.

THE CITY EMPLOYEE CODE OF CITIZEN SERVICE:

Employees are expected to read and comply with The City Employee Code of Citizen Service, located in the Personnel Manual. For example, employees are expected to serve as role models for other City government employees. Positive communication, the desire to work toward resolving problems, objectivity, courtesy, customer service, professionalism, and the commitment to strive toward the City's best interests are expected from all employees. Negative behaviors such as, but not limited to, gossip, disrespect for others' privacy, failing to cooperate as a member of the team, discourteous behavior, divulging confidential information or relaying false information, poor customer service, and failing to abide by policies and procedures may be grounds for disciplinary action.

JOB SUMMARY:

Assists Public Safety Communications unit as needed, and in accordance with their training.

ESSENTIAL DUTIES AND RESPONSIBILITIES may include the following and other duties as assigned.

TASKS

(Frequency: Occasionally = estimated at less than 1/3 of the time; Frequently = estimated between 1/3 to 2/3 of time; Regularly = estimated at over 2/3 of the time)

Performs What Action?	To Whom or To What?	To Produce What?	Using What Tools?	With What Instruction or Direction?	At What Frequency?
Provides support	For the Public Safety Communications unit	To ensure productive, safe, efficient, and customer-oriented administration of City services	Using generally accepted public safety communication practices	Under the direction of the designated supervisor, and in accordance with applicable policies, procedures, laws, and regulations	Regularly

Examples of Actions may include, but are not limited to:

Primary Essential Function(s) include but not limited to:

- Refer to "Leadership/TrainingResponsibilities" section of this job description.
- Provides communication support, as allowed by applicable law and in accordance with their training, to assist the Public Safety Communications unit.

Other Essential Function(s) include but not limited to:

- Carries out special projects

LEADERSHIP/TRAINING RESPONSIBILITIES:

All employees, regardless of rank, grade, or pay, are required to:

- shall serve as good role models; and
- shall adhere to the City Employee Code of Citizen Service; and
- shall take necessary safety precautions to ensure the safety of themselves and others; and
- shall undergo required training and cross-training; and
- shall cooperate as part of the team, and as such, assist and/or assume the duties/responsibilities of other employees when directed and/or as needed; and
- shall exhibit strong customer service not only with the general public, but with our internal customers as well (i.e. other City employees); and
- shall ensure that those who report to them, if applicable, are adequately trained and cross-trained; and
- may be required to mentor, train, coach, and monitor other employees, volunteers, program participants, etc.

One of the primary responsibilities this job classification possesses is to serve in the following capacity:

Employees in this job classification possess a primary responsibility to serve in the following capacity:

Check most suitable box below:

- Lead Employee (e.g., Crew Leader, Records Manager, etc.)
- Supervisor
- Manager or Deputy Director
- Director, Chief, or Higher Level position
- None of the Above

Check all that apply below as it pertains to such responsibilities, if applicable:

- Assigns work to staff
- Approves staff schedule
- Monitors staff
- Reviews work of staff
- Directs staff
- Participates in job interviews and the hiring process
- Recommends hiring/promotional selections
- Provides input to supervisor conducting performance evaluation
- Evaluates staff performance & signs as rater on standard performance evaluation form
- Recommends disciplinary action (counseling, warning, suspension, reduction in grade or pay, dismissal)
- After necessary consultation, addresses disciplinary concerns
- Resolves staff conflicts
- Develops staff members to their fullest potential
- Approves job descriptions, duties, etc.
- Enforces policies/procedures
- Enforces safety procedures, practices, and protocol
- Customarily and regularly directs the work of two or more employees working an average combined total of 80 or more hours per week
- Has Primary duty of the management of the department, division, facility, or unit (specify: _____)
- Other _____

NON-ESSENTIAL DUTIES AND RESPONSIBILITIES may include the following and other duties as assigned.

Not applicable.

QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. Items checked and/or stated below represent the knowledge, skill, ability, and/or characteristics required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

EDUCATION and/or EXPERIENCE

Required at time of application (check all that apply):

No experience or education required

EDUCATION:

- High School diploma or GED*
- 2-year Technical Degree* *Acceptable Major(s):*
- 2-year Business College Degree* *Acceptable Major(s):*
- Associates Degree* *Acceptable Major(s):*
- Bachelors Degree* *Acceptable Major(s):*
- Masters Degree* *Acceptable Major(s):*

AND **OR**

EXPERIENCE:

- Work-Related Experience:*
 Minimum # of Years of Experience Required:
 Type of Experience Required:

OR

Other (specify):

OR

Equivalent amount of education and/or experience is acceptable.

Please list any education or experience that will be required after employment commences, and state how long the employee will have to meet this requirement (recommended not to exceed probationary period):

Not applicable.

Please list any education or experience that is preferred, but not required:

2 Years telecommunications experience preferred. Associates Degree in communications or related field also preferred.

CERTIFICATES, LICENSES, REGISTRATIONS

Required at time of application (check all that apply):

<input checked="" type="checkbox"/> <i>Valid driver's license</i>	<input type="checkbox"/> <i>Certified Public Accountant (CPA)</i>	<input type="checkbox"/> <i>Professional Engineer (PE)</i>
<input type="checkbox"/> <i>Valid Commercial Driver's License</i> <input type="checkbox"/> <i>Class A</i> <input type="checkbox"/> <i>Class B</i>	<input type="checkbox"/> <i>CPR/First Aid / Rescue / First Response / Medical</i> <input type="checkbox"/> <i>Adult CPR</i>	<input type="checkbox"/> <i>Land Surveyor</i> <input type="checkbox"/> <i>Computer certifications</i> <input type="checkbox"/> <i>Novell CNE</i> <input type="checkbox"/> <i>Novell CNA</i>

<input type="checkbox"/> Class C <input type="checkbox"/> P endorsement <input type="checkbox"/> Hazmat	<input type="checkbox"/> Child CPR <input type="checkbox"/> First Aid <input type="checkbox"/> Lifesaving <input type="checkbox"/> Water rescue <input type="checkbox"/> Safety Instructor <input type="checkbox"/> EMT <input type="checkbox"/> RN (Registered Nurse) <input type="checkbox"/> Other:	<input type="checkbox"/> MSCE <input type="checkbox"/> A+ <input type="checkbox"/> Other
<input type="checkbox"/> Pesticide	<input type="checkbox"/> Notary Public	<input type="checkbox"/> Other

Please list any certificates, licenses, or registrations that will be required after employment commences, and state how long the employee will have to meet this requirement (recommended not to exceed probationary period):

Persons in this position shall obtain and maintain training as required.

Please list any certificates, licenses, registrations that are preferred, but not required:

Not Applicable

VEHICLES/EQUIPMENT:

The employees in this job classification are required to safely and effectively inspect, drive, operate, maintain, repair, and/or work with the following vehicles and equipment:

(check all that apply)

<input type="checkbox"/> Riding Mower	<input type="checkbox"/> Non-CDL Pick-up Truck	<input type="checkbox"/> Rear loader garbage truck
<input type="checkbox"/> 4 wheel drive fairway mower	<input type="checkbox"/> Non-CDL Flatbed truck	<input type="checkbox"/> Front loader garbage truck
<input type="checkbox"/> Golf Cart	<input type="checkbox"/> Non-CDL Dump truck	<input type="checkbox"/> Side loader garbage truck
<input type="checkbox"/> Gator	<input type="checkbox"/> Large Non-CDL vehicle	<input type="checkbox"/> Man-lifts
<input type="checkbox"/> Zamboni	<input type="checkbox"/> Tractor	<input type="checkbox"/> Chipper
<input type="checkbox"/> Forklift	<input type="checkbox"/> Tractor with Lift	<input type="checkbox"/> Leaf vacuum
<input checked="" type="checkbox"/> Non-CDL small/regular sized vehicle/truck	<input type="checkbox"/> Tractor with bucket	<input type="checkbox"/> Small power tools
<input type="checkbox"/> CDL vehicle (specify):	<input type="checkbox"/> Aerial bucket truck	<input type="checkbox"/> Large power tools
<input type="checkbox"/> Pumper truck	<input type="checkbox"/> Knuckleboom	<input type="checkbox"/> Chainsaws
<input type="checkbox"/> Ladder truck	<input type="checkbox"/> Front-end Loader	<input type="checkbox"/> Ladder
<input type="checkbox"/> Police vehicle	<input type="checkbox"/> Tri-plex mower	<input type="checkbox"/> Backpack blower
<input checked="" type="checkbox"/> Other: Office and dispatch equipment, as allowed by applicable training and law	<input checked="" type="checkbox"/> Other: As assigned	<input type="checkbox"/> Other:

COMPUTER SOFTWARE/HARDWARE:

Employees in this job classification are required to effectively use the following, if provided:

(check all that apply)

<input checked="" type="checkbox"/> MS WINDOWS	<input type="checkbox"/> CCAR	<input checked="" type="checkbox"/> GROUPWISE	<input checked="" type="checkbox"/> INTERNET
<input checked="" type="checkbox"/> MS ACCESS	<input type="checkbox"/> COBOL	<input checked="" type="checkbox"/> AS400	<input checked="" type="checkbox"/> INTRANET
<input checked="" type="checkbox"/> MS WORD	<input type="checkbox"/> VISUAL BASIC	<input checked="" type="checkbox"/> PERSONAL COMPUTER AND RELATED EQUIPMENT	<input checked="" type="checkbox"/> GIS RELATED SOFTWARE/HARDWARE
<input checked="" type="checkbox"/> MS EXCEL	<input checked="" type="checkbox"/> OTHER: Office and dispatch software/hardware (refer to equipment listed above)	<input checked="" type="checkbox"/> OTHER: As assigned	<input type="checkbox"/> OTHER:
<input type="checkbox"/> MS POWERPOINT	<input checked="" type="checkbox"/> OTHER: Must type at least 30 words per minute, net,	<input type="checkbox"/> OTHER:	<input type="checkbox"/> OTHER:

	<i>using computer keyboard, at time of application</i>		
<input type="checkbox"/> MS PUBLISHER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> OTHER:	<input type="checkbox"/> OTHER:

OTHER REQUIRED (K)NOWLEDGE, (S)KILLS, (A)BILITIES, AND (C)HARACTERISTICS (KSAC's):

The KSACs described below represent those required to successfully perform the essential job functions. Others may be added.

What KSAC?	To What Effect or In What Context is it Used?	To What Degree of Accuracy or at What Level?
Communication skills and abilities (oral, written, listening, interpersonal/body language)	As needed in addressing routine, sensitive, and stressful issues	<u>Oral</u> : Strong, clear, precise, and effective via phone/radio and in person (whether one-on-one, or to a small or large group); <u>Written</u> : Error-free, grammatically correct, correct sentence and paragraph structure, effective style, organized format, user-friendly for the appropriate audience; <u>Listening</u> : Strong, effective, genuine <u>Interpersonal/Body Language</u> : Non-offensive, Non-intimidating, Approachable, Pleasant.
<p>Examples may include but are not limited to:</p> <ul style="list-style-type: none"> • Establishing and maintaining good working relations • Addressing and resolving questions, complaints, and problems • Listening and responding to citizens in distress • Presenting information • Instructing, directing, and training employees • Establishing reports, correspondence, logs, and various other forms of documentation • Following through with directives and instructions 		
Reasoning skills and abilities (Problem Solving, Decision Making, Critical Thinking, Comprehension)	As needed in addressing routine, sensitive, and stressful issues	Objective, Sound, and Effective
<p>Examples may include but are not limited to:</p> <ul style="list-style-type: none"> • Defining problems, Collecting data, Establishing facts, Drawing valid conclusions • Addressing and resolving questions, problems, and complaints • Comprehending, evaluating, analyzing, and interpreting information • Thinking outside the box, brainstorming ideas and solutions, being able to look at issues from various perspectives • Exercising good judgment • Making decisions that serve the City's best interests • Comprehending information in oral, written, mathematical, or diagram form • Learning and retaining new information • Performing necessary math, basic to complex, as needed to perform essential job functions 		
Leadership skills and abilities	As needed in addressing routine, sensitive, and stressful issues	Objective, Sound, and Effective
<p>Examples may include but are not limited to:</p> <ul style="list-style-type: none"> • Working on a team to accomplish a goal, as a member or leader of the team • Monitoring and training co-workers to help them reach their highest potential • Ensuring excellent customer service to internal and external customers • Demonstrating strong initiative, self-starter, pro-activeness, and innovativeness attributes • Demonstrating strong enthusiasm, judgment, commitment • Demonstrating positive role model attributes • Demonstrating dedication and commitment to employee and public safety • Demonstrating flexibility in the face of change • Demonstrating integrity, trustworthiness, honesty, maintaining confidentiality • Demonstrating strong work ethic, proper work temperament, and being an overall dependable employee 		

Efficiency skills and abilities	As needed in addressing routine, sensitive, and stressful issues	Objective, Sound, and Effective
<p>Examples may include but are not limited to:</p> <ul style="list-style-type: none"> • Refer to “Computer software/hardware” section of this job description • Refer to “Vehicles/Equipment” section of this job description • Utilizing professional and/or technical skills and abilities • Managing time, organizing, coordinating, being detail-oriented, planning, producing, overseeing/monitoring projects/reports/etc. • Managing resources efficiently • Ensuring regulatory compliance • Streamlining, maximizing productivity, minimizing costs 		
Job knowledge, skills, and abilities	As needed in addressing routine, sensitive, and stressful issues	Objective, Sound, and Effective
<p>Examples may include but are not limited to:</p> <ul style="list-style-type: none"> • Refer to “Education and Experience” section of this job description • Refer to “Certifications, Licenses, and Registrations” section of this job description • Knowledge in calltaking procedures; 		

PHYSICAL AND MENTAL DEMANDS

The physical and mental demands described represent those required to successfully perform the essential job functions. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing job duties, the employee is required to:

(check all that apply)

REGULARLY (over 2/3 of the time)	FREQUENTLY (1/3 to 2/3 of time)	OCCASIONALLY (under 1/3 of time)
<input type="checkbox"/> Lift and/or move up to 25 pounds	<input type="checkbox"/> Lift and/or move up to 25 pounds	<input checked="" type="checkbox"/> Lift and/or move up to 25 pounds
<input checked="" type="checkbox"/> Talk	<input type="checkbox"/> Talk	<input type="checkbox"/> Talk
<input checked="" type="checkbox"/> Hear	<input type="checkbox"/> Hear	<input type="checkbox"/> Hear
<input checked="" type="checkbox"/> Sit	<input type="checkbox"/> Sit	<input type="checkbox"/> Sit
<input type="checkbox"/> Stand	<input type="checkbox"/> Stand	<input checked="" type="checkbox"/> Stand
<input type="checkbox"/> Walk	<input type="checkbox"/> Walk	<input checked="" type="checkbox"/> Walk
<input checked="" type="checkbox"/> Use hands to finger, handle, or feel	<input type="checkbox"/> Use hands to finger, handle, or feel	<input type="checkbox"/> Use hands to finger, handle, or feel
<input checked="" type="checkbox"/> Reach with hands and arms	<input type="checkbox"/> Reach with hands and arms	<input type="checkbox"/> Reach with hands and arms
<input type="checkbox"/> Taste and/or smell	<input type="checkbox"/> Taste and/or smell	<input type="checkbox"/> Taste and/or smell
<input checked="" type="checkbox"/> Use vision to see close, distance, color, peripherally, depth perception, and/or ability to adjust focus	<input type="checkbox"/> Use vision to see close, distance, color, peripherally, depth perception, and/or ability to adjust focus	<input type="checkbox"/> Use vision to see close, distance, color, peripherally, depth perception, and/or ability to adjust focus
<input type="checkbox"/> Climb	<input type="checkbox"/> Climb	<input checked="" type="checkbox"/> Climb
<input type="checkbox"/> Balance	<input type="checkbox"/> Balance	<input checked="" type="checkbox"/> Balance
<input type="checkbox"/> Stoop, kneel, crouch, or crawl	<input type="checkbox"/> Stoop, kneel, crouch, or crawl	<input checked="" type="checkbox"/> Stoop, kneel, crouch, or crawl
<input type="checkbox"/> Drive a vehicle	<input type="checkbox"/> Drive a vehicle	<input checked="" type="checkbox"/> Drive a vehicle
<input checked="" type="checkbox"/> Perform Physical Repetitive Motion: Office work (using computer keyboard, radio equipment, foot pedal, etc.)	<input type="checkbox"/> Perform Physical Repetitive Motion:	<input type="checkbox"/> Perform Physical Repetitive Motion:
Utilize Effective Reasoning skills (e.g., Comprehension, Problem-Solving, Decision Making, and Exercising Judgment) for work involving:	Utilize Effective Reasoning skills (e.g., Comprehension, Problem-Solving, Decision Making, and Exercising Judgment) for work involving:	Utilize Effective Reasoning skills (e.g., Comprehension, Problem-Solving, Decision Making, and Exercising Judgment) for work involving:
<input checked="" type="checkbox"/> Clerical, Secretarial, Office	<input type="checkbox"/> Clerical, Secretarial, Office	<input type="checkbox"/> Clerical, Secretarial, Office

Management, & Administrative duties and/or responsibilities <input type="checkbox"/> Labor, Skilled Craft, Trades, Maintenance, and/or Technical duties and responsibilities <input type="checkbox"/> Professional/Technical duties and responsibilities <input type="checkbox"/> Police duties and responsibilities <input type="checkbox"/> Fire Department duties and responsibilities <input checked="" type="checkbox"/> Safety Sensitive duties and responsibilities <input type="checkbox"/> Supervisory duties and responsibilities <input type="checkbox"/> Managerial duties and responsibilities <input type="checkbox"/> Other:	Management, & Administrative duties and/or responsibilities <input type="checkbox"/> Labor, Skilled Craft, Trades, Maintenance, and/or Technical duties and responsibilities <input type="checkbox"/> Professional/Technical duties and responsibilities <input type="checkbox"/> Police duties and responsibilities <input type="checkbox"/> Fire Department duties and responsibilities <input type="checkbox"/> Safety Sensitive duties and responsibilities <input type="checkbox"/> Supervisory duties and responsibilities <input type="checkbox"/> Managerial duties and responsibilities <input type="checkbox"/> Other:	Management, & Administrative duties and/or responsibilities <input type="checkbox"/> Labor, Skilled Craft, Trades, Maintenance, and/or Technical duties and responsibilities <input checked="" type="checkbox"/> Professional/Technical duties and responsibilities <input type="checkbox"/> Police duties and responsibilities <input type="checkbox"/> Fire Department duties and responsibilities <input checked="" type="checkbox"/> Safety Sensitive duties and responsibilities <input type="checkbox"/> Supervisory duties and responsibilities <input type="checkbox"/> Managerial duties and responsibilities <input type="checkbox"/> Other:
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FURTHER DETAILS REGARDING PHYSICAL AND MENTAL DEMANDS:

- Refer to Attachment A for a listing of potential hazards and required personal protective equipment.

WORK ENVIRONMENT

The work environment characteristics described represent those encountered while performing the essential job functions. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing job duties, the employee is exposed to:

(Check all that apply)

REGULARLY (over 2/3 of the time)	FREQUENTLY (1/3 to 2/3 of time)	OCCASIONALLY (under 1/3 of time)
<input type="checkbox"/> Moving mechanical parts	<input type="checkbox"/> Moving mechanical parts	<input type="checkbox"/> Moving mechanical parts
<input type="checkbox"/> Outside weather conditions (cold, hot, wet, humid, etc.)	<input type="checkbox"/> Outside weather conditions (cold, hot, wet, humid, etc.)	<input type="checkbox"/> Outside weather conditions (cold, hot, wet, humid, etc.)
<input type="checkbox"/> Extreme cold (non-weather)	<input type="checkbox"/> Extreme cold (non-weather)	<input type="checkbox"/> Extreme cold (non-weather)
<input type="checkbox"/> Extreme heat (non-weather)	<input type="checkbox"/> Extreme heat (non-weather)	<input type="checkbox"/> Extreme heat (non-weather)
<input type="checkbox"/> Wet or humid conditions (non-weather)	<input type="checkbox"/> Wet or humid conditions (non-weather)	<input type="checkbox"/> Wet or humid conditions (non-weather)
<input checked="" type="checkbox"/> Noise level <input type="checkbox"/> Usually very loud <input type="checkbox"/> Usually loud <input checked="" type="checkbox"/> Usually moderate <input type="checkbox"/> Usually quiet <input type="checkbox"/> Usually very quiet	<input type="checkbox"/> Noise level <input type="checkbox"/> Usually very loud <input type="checkbox"/> Usually loud <input type="checkbox"/> Usually moderate <input type="checkbox"/> Usually quiet <input type="checkbox"/> Usually very quiet	<input checked="" type="checkbox"/> Noise level <input checked="" type="checkbox"/> Usually very loud <input type="checkbox"/> Usually loud <input type="checkbox"/> Usually moderate <input type="checkbox"/> Usually quiet <input type="checkbox"/> Usually very quiet
<input type="checkbox"/> High, precarious places	<input type="checkbox"/> High, precarious places	<input type="checkbox"/> High, precarious places
<input type="checkbox"/> Fumes and/or airborne particles	<input type="checkbox"/> Fumes and/or airborne particles	<input type="checkbox"/> Fumes and/or airborne particles
<input type="checkbox"/> Toxic and/or caustic chemicals	<input type="checkbox"/> Toxic and/or caustic chemicals	<input type="checkbox"/> Toxic and/or caustic chemicals
<input type="checkbox"/> Risk of electrical shock	<input type="checkbox"/> Risk of electrical shock	<input type="checkbox"/> Risk of electrical shock
<input type="checkbox"/> Flammable, combustible, and/or explosive materials	<input type="checkbox"/> Flammable, combustible, and/or explosive materials	<input type="checkbox"/> Flammable, combustible, and/or explosive materials
<input type="checkbox"/> Risk of radiation	<input type="checkbox"/> Risk of radiation	<input type="checkbox"/> Risk of radiation
<input type="checkbox"/> Vibration	<input type="checkbox"/> Vibration	<input type="checkbox"/> Vibration
<input type="checkbox"/> Biological hazards	<input type="checkbox"/> Biological hazards	<input type="checkbox"/> Biological hazards
<input type="checkbox"/> Confined spaces	<input type="checkbox"/> Confined spaces	<input type="checkbox"/> Confined spaces
<input type="checkbox"/> Work in or around traffic/public roadways	<input type="checkbox"/> Work in or around traffic/public roadways	<input type="checkbox"/> Work in or around traffic/public roadways

<input type="checkbox"/> <i>Excavation</i>	<input type="checkbox"/> <i>Excavation</i>	<input type="checkbox"/> <i>Excavation</i>
<input type="checkbox"/> <i>Work in police, firefighting, or emergency rescue situations that may be life threatening to self or others</i>	<input type="checkbox"/> <i>Work in police, firefighting, or emergency rescue situations that may potentially be life threatening to self or others</i>	<input type="checkbox"/> <i>Work in police, firefighting, or emergency rescue situations that may potentially be life threatening to self or others</i>
<input type="checkbox"/> <i>Other :</i>	<input type="checkbox"/> <i>Other :</i>	<input checked="" type="checkbox"/> <i>Other : Work may also include irregular or extended work hours (as needed)</i>

FURTHER DETAILS REGARDING WORK ENVIRONMENT:

- Refer to Attachment A for a listing of potential hazards and required personal protective equipment.
- Employees may, at times, have to visit various departmental sites, at which time exposure to any of the above may occur.

Comments:

ATTACHMENT A:

- **REFER TO ATTACHMENT A FOR A LISTING OF POTENTIAL PHYSICAL AND WORK ENVIRONMENT HAZARDS, AND REQUIRED PERSONAL PROTECTIVE EQUIPMENT.**
- Employees are required to properly wear/use Personal Protective Equipment as required by OSHA, applicable policy, regulation, procedure, and/or directive.
- Safety is the responsibility of EVERY employee. Employees are required to promptly report any potential physical, work environment, and ergonomic health/safety hazards to their supervisors; if it can be done safely and in a reasonable manner, employees are responsible for correcting such hazards themselves before they can cause injury or illness.
- Furthermore, after any necessary medical treatment has been obtained, employees are required to immediately report any work-related health and safety incidents to their supervisor.

ATTACHMENT B:

- **REFER TO ATTACHMENT B FOR THE JOB TASK HEALTH ASSESSMENT FORM.**
- In accordance with applicable policy and law, employees may be required to have their mental and/or physical health care provider, or one chosen by the City of Owensboro, complete and return this form to the City of Owensboro Personnel Department (and a copy to the employee’s immediate supervisor). This enables us to determine the employee’s ability to perform essential work functions.

ATTACHMENT A

**PERSONAL PROTECTIVE EQUIPMENT (PPE) WORKSITE
HAZARD ASSESSMENT**

<p align="center"><u>A. POTENTIAL HAZARD/ INJURY:</u></p> <p align="center">I. HEAD</p>	<p align="center">NO YES</p>	<p align="center"><u>B. REQUIRED PERSONAL PROTECTIVE EQUIPMENT (PPE)</u></p> <p align="center">Ref. 29 CFR 1910.135 Head Protection</p>	<p align="center"><u>COMMENTS</u></p>
<p>1. Struck by:</p> <p>a. Falling Object</p> <p>b. Airborne Object</p> <p>c. Moving Object</p>	<p><input checked="" type="checkbox"/> <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p>	<p>1. Struck by:</p> <p>a. Type 2, Class B Helmet</p> <p>b. Type 2, Class B Helmet</p> <p>c. Type 2, Class B Helmet</p>	
<p>2. Hit Against</p>	<p><input checked="" type="checkbox"/> <input type="checkbox"/></p>	<p>2. Type 2, Class B Helmet</p>	
<p>3. Contact with Electrical current:</p> <p>a. Shock</p> <p>b. Burn</p>	<p><input checked="" type="checkbox"/> <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p>	<p>3. Electrical:</p> <p>a. Type 2, Class B Helmet & Non-Metallic Glasses Frame</p> <p>b. Type 2, Class B Helmet & FR Hood</p>	
<p>4. Temperature Extremes:</p> <p>a. Cold</p> <p>b. Heat</p>	<p><input checked="" type="checkbox"/> <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p>	<p>4. Temperature:</p> <p>a. Type 2, Class B Helmet with Winter FR Liner</p> <p>b. Type 2, Class B Helmet with Sweat Band</p>	
<p>5. Other:</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>5. Other:</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p>	

<u>A. POTENTIAL HAZARD/ INJURY:</u> II. EYES/FACE	NO YES	<u>B. REQUIRED PERSONAL PROTECTIVE EQUIPMENT (PPE)</u> Ref. 29 CFR 1910.133 Eye and Face Protection	<u>COMMENTS</u>
1. Airborne: a. Objects b. Dust c. Fumes	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	1. Airborne: a. Safety Glasses with Sideshields, Goggles, or Faceshield b. Safety Glasses with Sideshields, Goggles, or Faceshield c. Non-Vented Goggles	
2. Flash: a. Welding b. Electrical c. UV	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Flash: a. Filter Lenses b. Switching Glasses c. Tinted Lenses with UV Protection	
3. Chemical Splash	<input checked="" type="checkbox"/> <input type="checkbox"/>	3. Indirect Vented or Non-Vented Goggles	
4. Other: a. _____ b. _____ c. _____ d. _____ e. _____	<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"/>	4. Other: a. _____ b. _____ c. _____ d. _____ e. _____	
<u>A. NOISE LEVEL:</u> III. EAR/AUDITORY	NO YES	<u>B. REQUIRED PERSONAL PROTECTIVE EQUIPMENT (PPE)</u> Ref. 29 CFR 1910.95 Occupational Noise Exposure	<u>COMMENTS</u>
1. Ambient level 85 dBa or above 2. Impact Noise 85 dBa or above 3. _____	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. Ear Plugs or Muffs with appropriate NRR 2. Ear Plugs or Muffs with appropriate NRR 3. _____	

<u>A. POTENTIAL HAZARD/ INJURY:</u> IV. RESPIRATORY SYSTEM	NO YES	<u>B. REQUIRED PERSONAL PROTECTIVE EQUIPMENT (PPE)</u> Ref. CFR 1910.134 Respiratory Protection	<u>COMMENTS</u>
1. Oxygen Deficiency 2. Airborne Particles: a. Dusts (Coal, Lime, etc.) b. Fumes (Welding) c. Mists (Oils-Cutting, Hyd.) 3. Airborne Contaminants: a. Gases (H ₂ S, SO ₂ , etc.) b. Vapors (Solvents, Cleaners) 4. Combinations of 2 & 3 above: 5. Temperature Extremes: a. Cold b. Heat 6. Other: a. _____ b. _____	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. SCBA or Supplied Air Respirator 2. Confirm selection with your "Dept. Respirator Coordinator: a. Nuisance Dust Mask b. Check MSDS for proper Respirator per Mat'l. being welded. c. Check MSDS for proper Respirator per Material being used 3. Confirm selection with your "Dept. Respirator Coordinator" a. Check MSDS for proper Respirator per Material being used b. Check MSDS for proper Respirator per Material being used 4. Confirm selection with your "Dept. Respirator Coordinator: 5. Temperature: a. Cover mouth and nose b. S.C.B.A. 6. Other: a. _____ b. _____	
<p style="text-align: center;">CONTINUED ON NEXT PAGE.</p>			

<u>A. POTENTIAL HAZARD/ INJURY:</u> V. HANDS/ARMS	NO YES	<u>B. REQUIRED PERSONAL PROTECTIVE EQUIPMENT (PPE)</u> Ref. CFR 1910.138 Hand Protection	<u>COMMENTS</u>
1.Cuts/Abrasions/ Punctures 2.Contact with Electrical current: a.Shock b.Burn 3.Chemical Contact: a.Irritant b.Corrosive c.Toxic 4.Temperature Extremes: a.Cold b.Heat c.Welding 5.Biological Reactions: a.Plants (Poison Ivy) b.Insects (Stings/Bites) 6.Bodily Fluids/Blood 7.Cumulative Trauma 8.Other: a. _____ b. _____ c. _____ d. _____	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1.Gloves: Leather, Canvas, or Wire Mesh 2.Electrical: a.Rubber Gloves/Sleeves/Hot-Stick b.Gloves/FR Clothing 3.Chemical: a.Gloves/Coveralls: (Suited for Chemical being used) b.Gloves/Coveralls: (Suited for Chemical being used) c.Gloves/Coveralls:(Suited for Chemical being used) 4.Temperature: a.Gloves/Clothing – in layers b.Gloves/Tools/FR Clothing c.Gloves/Jacket/FR Clothing 5.Biological: a.Gloves/Clothing/Barrier Creams b.Gloves/Clothing/Repellants 6.Gloves (BBP Kit) 7.Properly Designed Workstation/Armrest/etc. 8.Other: a. _____ b. _____ c. _____ d. _____	
<u>A. POTENTIAL HAZARD/ INJURY:</u> VI. TORSO	NO YES	<u>B. REQUIRED PERSONAL PROTECTIVE EQUIPMENT (PPE)</u>	<u>COMMENTS</u>
1.Cuts/Abrasions/ Punctures 2.Contact with Electrical current:	<input checked="" type="checkbox"/> <input type="checkbox"/>	1.Proper Clothing 2.Electrical:	

a.Shock b.Burn 3.Chemical Contact: a.Irritant b.Corrosive c.Toxic 4.Temperature Extremes: a.Cold b.Heat c.Welding 5.Biological Reactions: a.Plants (Poison Ivy) b.Insects (Stings/Bites) 6.Over-exertions (Strains) 7.Cumulative Trauma 8.Other: a. _____ b. _____ c. _____ d. _____ e. _____	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <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"/>	a.Rubber Goods b.FR Clothing/Rubber Goods/etc. 3.Chemical: a.Protective Clothing suited for type Chemical b.Protective Clothing suited for type Chemical c.Protective Clothing suited for type Chemical 4.Temperature: a. Insulated Clothing – in layers b.FR Clothing/Jacket/etc. c.Welding jacket 5.Biological: a.Clothing/Barrier Creams b.Clothing/Repellants 6.Proper Body Mechanics, Tools & assistance when needed 7.Proper Body Mechanics/Properly designed Workstation. 8.Other: a. _____ b. _____ c. _____ d. _____ e. _____	
<u>A. POTENTIAL HAZARD/ INJURY:</u> <u>VII. LEGS/FEET</u>	NO YES	<u>B. REQUIRED PERSONAL PROTECTIVE EQUIPMENT (PPE)</u> Ref. CFR 1910.136 Foot Protection	<u>COMMENTS</u>
1.Struck by: a.Falling Object b.Moving Object c.Airborne Object 2.Struck against	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	1.Struck by: a.Safety Shoes with Impact resistant toe b.Safety Shoes with impact resistant toe and Proper Clothing c.Safety Shoes with Impact resistant toe and Proper Clothing 2.Safety Shoe with Impact resistant toe and Proper Clothing	

3.Cuts/Abrasions/ Punctures: 4.Contact with Electrical current: a.Shock b.Burn 5.Temperature Extremes: a.Cold b.Heat 6.Chemical Contact: a.Irritant b.Corrosive c.Toxic 7.Biological Reactions: a.Plants (Poison Ivy) b.Insects (Stings/Bites) 8. Animal bites 9.Cumulative Trauma 10.Over-exertion (strains) 11.Other: a. _____ b. _____	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3.Safety Shoe with Impact resistant toe and Proper Clothing 4.Electrical: a. Insulated Safety Shoes/Rubber Goods b.FR Clothing/Rubber Goods 5.Temperature Extremes: a. Insulated Safety Shoes/Boots & Insulated Clothing b.Heat resistant soled Safety Shoes/Leggings 6.Chemical Contact: a.Protective Clothing & Footwear suited for Chemical b. Protective Clothing & Footwear suited for Chemical c. Protective Clothing & Footwear suited for Chemical 7.Biological: a.Clothing/Barrier Creams b.Clothing/Repellants 8. Awareness/ Repellants/ Clothing 9.Properly designed Workstation/Footrest/etc. 10.Proper Body Mechanics, Tools & assistance when needed 11.Other: a. _____ b. _____	
<u>A. POTENTIAL HAZARD/INJURY:</u> <u>VII. WHOLE BODY</u>	NO YES	<u>B. REQUIRED PERSONAL PROTECTIVE EQUIPMENT (PPE)</u>	<u>COMMENTS</u>
1.Cuts/Abrasions/ Punctures 2.Contact with Electrical current: a.Shock	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	1.Proper Clothing 2.Electrical: a.Rubber Goods	

b.Burn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	b.FR Clothing/Rubber Goods/etc.	
3.Chemical Contact:			3.Chemical:	
a.Irritant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a.Protective Clothing suited for type of Chemical exposure	
b.Corrosive	<input checked="" type="checkbox"/>	<input type="checkbox"/>	b.Protective Clothing suited for type of Chemical exposure	
c.Toxic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	c.Protective Clothing suited for type of Chemical exposure	
4.Temperature Extremes:			4.Temperature:	
a.Cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a.Insulated Clothing – in layers	
b.Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	b.FR Clothing/Jacket/etc.	
c.Welding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	c.Welding jacket	
5.Biological Reactions:			5.Biological:	
a.Plants (Poison Ivy)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a.Clothing/Barrier Creams	
b.Insects (Stings/Bites)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	b.Clothing/Repellants	
6.Over-exertions (Strains)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6.Proper Body Mechanics, Tools & assistance when needed	
7.Cumulative Trauma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7.Proper Body Mechanics/Properly designed Workstation.	
8.Suffocation by Engulfment:			8.Engulfment: (See Confined Space Policy)	
a.Liquid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a.Fall Protection System/Life Jacket/etc.	
b.Granulated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	b.Fall Protection System	
9.Struck by: (Vehicle, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9.Traffic Vest/Barricades/Cones/etc.	
10.Slip/Trip/Fall:			10.Slip/Trip/Fall:	
a.To same level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a.Anti-skid Shoe Soles	
b.To different level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	b.Fall Protection System suited for Hazard, Job, Location, etc.	
11.Other:			11.Other:	
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	a. _____	
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	b. _____	

**ATTACHMENT B
CITY OF OWENSBORO: JOB TASK HEALTH ASSESSMENT FORM**

For Position(s) of: *Calltaker (Temporary and/or Part time) (Public Safety Communications – 9-1-1 dispatch)*

Employee's Name:

INSTRUCTIONS TO HEALTH CARE PROVIDER: Below you will find duties, responsibilities, and work conditions required of the above named employee. If the employee is restricted from performing any of the following duties or from working under any of the following conditions, please specify each individual restriction in the designated area below, state the date such restriction(s) will be lifted, and state the date the employee may return to duty.

PHYSICAL AND MENTAL DUTIES AND RESPONSIBILITIES; WORK ENVIRONMENT

<i>Lift and/or move up to 25 pounds</i>
<i>Talk; Hear in person and via phone and radio equipment</i>
<i>Sit for long periods at a time; Stand; Walk</i>
<i>Use hands to finger, handle, or feel in an office environment (e.g., typing on computer keyboard for long periods at a time)</i>
<i>Reach with hands and arms in an office environment (operating 9-1-1 dispatch equipment, filing, etc.)</i>
<i>Use vision to see close, distance, color, peripherally, depth perception, and/or ability to adjust focus in an office environment (to use computer, etc.)</i>
<i>Climb; Balance; Stoop; Kneel; Crouch; Crawl in an office environment</i>
<i>Drive a vehicle to attend training meetings, etc.</i>
<i>Physical Repetitive Motion: Office work (using computer keyboard, using radio and dispatch equipment, using foot pedal, etc.)</i>
<i>Comprehend, Reason, Problem-Solve, Make Sound Decisions, and Exercise Sound Judgment for work involving: Clerical and/or administrative/professional/technical duties and/or responsibilities involving detailed, confidential, sensitive, and stressful information</i>
<i>Noise level: Usually moderate to loud (9-1-1 dispatch office environment)</i>
<i>Works in stressful environment, responsible for public safety communications with citizens/police/fire; irregular work hours may also result.</i>

Identify each restriction in detail, including date restriction is lifted:

Restriction:	Date Lifted:
1.	___ / ___ / ___
2.	___ / ___ / ___
3.	___ / ___ / ___
4.	___ / ___ / ___
5.	___ / ___ / ___

Please attach additional sheet if more space is needed.

State the date Employee may return to duty if restrictions are accommodated: ___ / ___ / ___

State the date Employee may return to duty WITHOUT restrictions: ___ / ___ / ___

Health Care Provider Signature **Date**

Health Care Provider (Printed)

EMPLOYEE: Return completed form to the City Personnel Department, and give a copy to your immediate supervisor.
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