

Physical Requirements and Working Conditions

Supplemental Job Description Information

Position Title: Library Director

Department: Marshall-Lyon County Library

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of the position. The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Weight to be Lifted Or force to be Exerted

	None	up to 1/3	1/3 to 2/3	2/3 & up
Up to 10 pounds of force	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 25 pounds of force	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 50 pounds of force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 100 pounds of force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In excess of 100 pounds of force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Activities

	None	up to 1/3	1/3 to 2/3	2/3 & up
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speak or hear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use hands to finger, handle or feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Reach with hands and arms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taste or smell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push or pull	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive Motions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Exposure to Environmental Conditions

	None	up to 1/3	1/3 to 2/3	2/3 & up
Wet, humid conditions (non-weather)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work near moving mechanical parts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work in high, precarious places	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fumes or airborne particles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic or caustic chemicals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor weather conditions	<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"/>
Extreme heat (non-weather)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of electrical shock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with explosives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vibration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathing apparatus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to blood borne pathogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visual Acuity

No special vision requirements.....	<input type="checkbox"/>
Close vision.....	<input checked="" type="checkbox"/>
Distance vision	<input checked="" type="checkbox"/>
Ability to adjust focus.....	<input checked="" type="checkbox"/>
Depth perception	<input checked="" type="checkbox"/>
Color perception	<input checked="" type="checkbox"/>
Night vision.....	<input type="checkbox"/>
Peripheral vision	<input type="checkbox"/>

Vocal Communication

Expressing or exchanging ideas by means of the spoken word.	<input checked="" type="checkbox"/>
Detailed or loud talking to convey detailed or important spoken instructions to others accurately, loudly or quickly.....	<input type="checkbox"/>

Hearing Perception

Ability to recognize information at normal spoken word levels.	<input checked="" type="checkbox"/>
Ability to receive detailed information through oral communications and/or to make fine distinctions in sound.	<input checked="" type="checkbox"/>

Sensory Utilization

Preparing and analyzing written or computer data.....	<input checked="" type="checkbox"/>
Visual inspection involving small defects and/or small parts	<input type="checkbox"/>
Use of measuring devices	<input type="checkbox"/>
Assembly or fabrication of parts within arms length	<input type="checkbox"/>
Operating machines	<input checked="" type="checkbox"/>
Operating motor vehicles or equipment.....	<input checked="" type="checkbox"/>
Observing general surroundings and activities.....	<input checked="" type="checkbox"/>

Typical Noise Level

Very Quiet (e.g. park trail, storage or file room).....	<input type="checkbox"/>
Quiet (e.g. library, private offices).....	<input type="checkbox"/>
Moderate Noise (e.g. business office with typewriters and/or computer printers, light traffic).....	<input checked="" type="checkbox"/>
Loud Noise (e.g. heavy traffic, large earth-moving equipment).....	<input type="checkbox"/>
Very Loud Noise (e.g. jack hammer work, garbage recycle plant)	<input type="checkbox"/>