

STATE OF DELAWARE
MASTER ELECTRICIAN
OMB – Division of Facilities Management
PHYSICAL REQUIREMENTS

Job Title: Master Electrician
Department: OMB (Office of Management and Budget)
Division: Division of Facilities Management
Class Codes: MCCZ27
BP #s: 1946, 1989, 84212, 105269

JOB DESCRIPTION: The Master Electrician provides electrical installation, maintenance and certification services to insure proper safety, maintenance and operation of State facilities. The Master Electrician assists other personnel to correct malfunctions in electrical systems; supervises subordinates; determines and analyzes facilities electrical systems and component systems. The Master Electrician insures that assignments are carried out in accordance with the accepted National Electric Code Standards and applicable regulations.

JOB SPECIFIC REQUIREMENTS: Must be able to follow directions and safely use the tools and apply the principles of the electrical and maintenance trades they utilize each day.

JOB CLASSIFICATION: This job is classified as “moderate” as it requires exerting up to 50 pounds of force occasionally to perform the various functions applicable to the Master Electrician for OMB’s (Office of Management and Budget), Division of Facilities Management.

PHYSICAL JOB REQUIREMENTS: To receive consideration for this position all Master Electricians for OMB’s Division of Facilities Management must be able to perform the following essential physical job functions daily:

- The physical ability to stand and or walk frequently.
- The physical ability to drive vehicles for up to 2 hours per day.
- The physical ability to climb on a ladder or scaffolding to heights in excess of 10’, bend/stoop, push/pull and work above the shoulder frequently.
- The physical ability to occasionally balance, kneel, crouch, and squat in order to perform their required responsibilities at the physical plants maintained by Facilities Management.
- The physical ability to use both hands for frequent grasping and fine manipulation and occasional fingering.
- The physical ability to frequently carry up to 25 pounds of weight distances of up to 50 feet at a time, occasionally up to and including 50 pounds of weight distances of 25’ and rarely up to 50 pounds distances of 5’.

- The physical ability to occasionally lift up to 50 pounds of weight from the floor to the waist. This weight will be constituted by the following items, but not limited to them: tools, toolboxes and tool bags, ladders, motors, supplies and equipment.
- Weights in excess of 50 pounds may need to be lifted between the floor and waist on rare occasions and may consist of the following items but not be limited to them: tools, toolboxes and tool bags, ladders, motors, supplies and equipment.
- Weights up to and including in excess of 50 pounds may need to be lifted from the waist to above the shoulders on rare occasions.
- The physical ability to occasionally push/pull various items, such as equipment, motors, tools, supplies and equipment up to and including 50 pounds distances of up to 200’.
- The physical ability to occasionally push/pull various items, such as equipment, motors, tools, supplies and equipment in excess of 50 pounds distances of up to 100’.
- The physical ability to frequently operate different types of equipment including, but not limited to, cars, trucks and vans, forklifts, pallet jacks, small hand powered tools, etc.
- The physical ability to work at heights for extended periods of time.
- The physical ability to tolerate required personal protective equipment such as steel toed shoes, work gloves, safety glasses, ear protection, dust masks, and safety belts on a continuous basis.

CERTIFICATION

I hereby certify that I have read and understand the above physical requirements of the Master Electrician for OMB’s (Office of Management and Budget), Division of Facilities Management. I have also been given the opportunity to ask any questions I may have regarding the physical demands required of this position. I further understand that if I am offered this position, I will be required to take a functional capabilities evaluation (FCE) to determine if I can safely perform the required tasks without risk to myself or others.

PRINTED NAME _____

SIGNATURE _____ DATE: _____

Revised: 07/25/08