

| JOB TITLE: Maintenance Mechanic B | JOB CODE: | | | | | |
|---|------------------------|------------------|----------------------------------|--|--|--|
| DEPT NAME: Maintenance | FLSA STATUS: | EXEMPT | NON-EXEMPT | | | |
| DATE CREATED/REVISE: Rev. 8/2022 | | | | | | |
| | | | | | | |
| | TION SUMMARY | | | | | |
| (General statement reflect | | | | | | |
| Under the direction of the Maintenance Foreman as | ssists in the cleaning | ,, inspection ar | nd repairs of all facilities and | | | |
| equipment used by the company. | | | | | | |
| POSITION | N QUALIFICATION | NS | | | | |
| MINIMUM EDUCATION: High school diploma or GED. | | | | | | |
| PREFERENCE FRANCISCO | | | | | | |
| PREFERRED EDUCATION: | | | | | | |
| | | | | | | |
| MINIMUM EXPERIENCE: Demonstrated exper | rience in the repair a | nd maintenand | ce of mechanical equipment. | | | |
| PREFERRED EXPERIENCE : | | | | | | |
| | | | | | | |
| REQUIRED CERTIFICATIONS/LICENSURE: | | | | | | |
| PREFERRED CERTIFICATIONS/LICENSURE (e.g., CPR): | | | | | | |
| KNOWLEDGE, SKILLS AND ABILITIES REQUI | RED: | | | | | |
| Employee must be able to climb ladders to 40 feet; of | crawl in tight spaces | (twist and ber | nd) under difficult conditions. | | | |
| Employee must also be able to operate forklifts, cranes, scissor lifts, and pallet jacks and must be able to lift, push | | | | | | |
| and pull a minimum of 50 pounds. General knowledge of mechanical equipment repair and maintenance. Must be | | | | | | |
| able to work required hours, including possible shift | , night and overtime | schedules as | necessary. | | | |
| PREFERRED KNOWLEDGE, SKILLS AND ABII | LITIES: Ability to c | arry out and co | omplete all duties assigned to | | | |
| the satisfaction of the Maintenance Foreman in an efficient manner. Self-motivation and the ability to handle many | | | | | | |
| different tasks. | | | | | | |
| SUPERVISORY RESPONSIBILITIES: YES | NO NO | | | | | |



| (Tł | ESSENTIAL / PRIMARY DUTIES he essential job functions or primary responsibilities that must be performed unaided or with the assistance of an accommodation – all job functions should begin with an action verb) | % OF TIME PERFORMING DUTY |
|-----|---|---------------------------------|
| ESS | SENTIAL JOB FUNCTIONS: | |
| 1. | Daily cleaning of all restrooms/locker rooms. Police all offices for trash. Maintain plant grounds, and perform general housekeeping and other duties as assigned by Maintenance Foreman. | |
| 2. | Dismantle equipment to gain access, and remove and replace defective parts using hoists, cranes, hand tools, power tools, measuring and testing devices, as required. | |
| 3. | Start and run repaired equipment to test performance. | |
| 4. | Follow established schedules, priorities and preventive maintenance schedule. | |
| 5. | Lubricate and clean equipment according to manufacturer's specifications. | |
| 6. | Notify supervisor of parts required for current repair work and spare parts for possible future requirements. | |
| 7. | Perform inspection tours as assigned by supervision reporting equipment and systems in need of repair or preventive maintenance. | |
| 8. | Maintain equipment repair logs and other records, according to established procedures. | |
| 9. | Construct special fixtures and/or equipment to be utilized for either production or maintenance purposes. | |
| 10. | Develop necessary skills such as welding, machining, plumbing, electrical and mechanical work. | |
| 11. | Assure all assigned equipment is used, maintained and functioning properly. Report any operational or safety defects immediately. | |
| 12. | Follow good working practices, safety practices and housekeeping functions in work areas in accordance with established procedures. | |
| 13. | Maintaining oneself physically to assure that work functions can be performed and done safely. Reporting any physical restrictions to supervision which could cause a safety or health hazard to oneself or others. | |
| 14. | Perform other related duties as needed. | |

WORKING CONDITIONS

Employee will work in an active plant environment with hot and cold conditions; high noise, dust and humidity levels; exposed to welding conditions and x-ray operations; repetitive lifting, bending, twisting and pulling.



DESCRIPTION OF PHYSICAL DEMANDS AND WORKING CONDITIONS

Essential job tasks or primary responsibilities which must be performed unaided or with the assistance of an accommodation. Check appropriate box for each of the following items to best describe the extent of the specific activity performed by the staff members in this position.

| Technical/Motor Skills | | Mental Abilities | | Working Conditions | |
|--------------------------------------|-------------|---|--|----------------------------|--|
| Data Input / Typing | | Calculations | | Inside | |
| Copying | | Interpreting Numbers / Data | | Outside | |
| Speaking Clearly | | Analyzing | | Extreme Cold (non-weather) | |
| Answering Telephones | | Forecasting | | Extreme Heat (non-weather) | |
| Precise Manipulation | | Assessing / Evaluating | | Temperature Changes | |
| Calibrating Equipment | | Explaining / Teaching | | Humidity | |
| Reading | \boxtimes | Synthesizing | | Noise Level: | |
| | | Attention to Detail | | Loud Noise | |
| | | Memory | | Very Loud Noise | |
| Physical Requirements | | Problem Solving / Reasoning | | Quiet | |
| Eye / Hand / Foot Coordination | | Spatial / Form Perception | | Very Quiet | |
| Fingering / Fine Dexterity | | | | Moderate Noise | |
| Handling / Gripping/Squeezing | | Sensory Requirements | | Blood / Body Fluid/ Tissue | |
| Transferring- Vertical/Horizontal | | Ability to see: | | Fumes / Odors | |
| Lifting / Carrying | | No Special Requirements | | Toxic / Caustic Materials | |
| Sedentary | | Close Vision | | Dust / Airborne Particles | |
| Light: 1-20 lbs. | | (clear vision at <20 inches) | | Poor Ventilation | |
| Medium: 21-35 lbs. | | Distance Vision | | Radiation | |
| Heavy >35 lbs. with assistance | | (clear vision at >20 feet) | | Explosive Materials | |
| Push / Pull | | Color Vision | | Dangerous Equipment | |
| Climbing | | (identify and distinguish colors) | | Moving Mechanical Parts | |
| Balancing | | Peripheral Vision | | Risk of Electrical Shock | |
| Stooping/Bending | | (ability to observe an area that | | Exposure to Vibration | |
| Kneeling | | can be seen up and down or | | | |
| Walking | | to | | | |
| Sitting | | the left and right while eyes are Fixed on a given point) | | Travel | |
| Crouching / Squatting | | Depth Perception | | Local | |
| Crawling | \boxtimes | (three-dimensional vision: judge distances and spatial | | Out of Town | |
| Standing | | relationships) | | | |
| Holding | | - ' | | | |



| Physical Requirements | | Sensory Requirements | | OSHA Task Category | |
|---|---|--|--|---|--|
| Flexing / Positioning/ | \boxtimes | Ability to Adjust Focus | | At risk for exposure to blood borne | |
| Twisting | | (adjust eye to bring an object | | pathogens (Category I) | |
| Restraining | | into sharp focus) | | M 1 | |
| Repetitive Activity | | Al Transition | | May have exposure to blood borne pathogens (Category II) | |
| Reaching | X | Ability to hear | | | |
| Speed Movement / Velocity | Ш | Ability to feel | Щ | No intentional exposure to blood borne pathogens (Category III) | |
| | | Ability to taste / smell | | borne pathogens (Category III) | |
| | | | | | |
| | | | | List other: | |
| requirements, however, may exchand others. Management retains I hereby acknowledge that I h requirements and working cor De Dietrich Process Systems | ude ind the rig ave re ndition or unt | dividuals who pose a direct threat or ght to add or to change the duties of ead and understand the position cans and I agree to abide by this jo | signification signification in the policy of | ified individuals with disabilities. Some cant risk to the health and safety of them esitions at any time with or without notications, primary duties, physical cription for as long as I am employed nanges. I further acknowledge that I wided a copy of this document. | ce. d by |
| Employee Printed Name | | - | Emplo | byee Number | |
| Employee Signature | | | Date | | |
| Manager Signature | | - | Date | | |
| As Applicable: | | | | | |
| I have reviewed the tasks, phy authorize him/her to return to | | <u>=</u> | ied in | this job description with my patient. | I |
| Physician's Signature | | | Date | | |

THIS DOCUMENT DOES NOT CREATE AN EMPLOYEE CONTRACT, IMPLIED OR OTHERWISE. WE MAINTAIN AN "AT WILL" EMPLOYMENT RELATIONSHIP.