

INFECTIOUS DISEASE CONTROL PLAN



**General Services Agency
Risk Management**

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The Board of Supervisors, by way of approval of the 1998 County Administrative Manual, adopted the general plan for the Countywide Injury and Illness Prevention Program (IIPP). To be included in the IIPP are the statutory requirements for general hazards, job specific hazards, and safety training. As an addendum to the IIPP, the Infection Disease Control Plan's principal objective is to protect employees from harmful infectious disease exposure. Under the authority granted by the Board of Supervisors and laws and regulations governing this type of work related risk, including the California Code of Regulations, Title 8, subsections 3203 and 5193, the Director of the General Services Agency issues the Infectious Disease Control Plan to all Agencies and Departments.

A handwritten signature in black ink, appearing to read "Paul W. Ruffin", written over a horizontal line.

Paul W. Ruffin
Director, General Services Agency

INFECTIOUS DISEASE CONTROL PLAN

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1.0 INTRODUCTION

1.1 POLICY

It is County policy to take every reasonable action to protect the health and safety of County employees, those who do work on County property, and the general public it serves. These actions are conceived and taken through the County's Injury and Illness Prevention Program (IIPP) and other risk management programs. To that end, it shall be understood that all County operations are to be conducted in ways that promote safety and health, including the minimization of potential harmful exposures to blood, infectious materials, and disease through this Infectious Disease Control Plan (IDCP).

1.2 PURPOSE AND SCOPE

1.2.1 Background

We move through a world teeming with microscopic "bugs", including viruses, bacteria, parasites, and fungi. Life as we know it could not exist without them. We could not digest food, for example, without the help of a certain bug that lives in our intestines. Most are harmless, but a few can cause infectious diseases that range from minor illnesses (athlete's foot, colds, etc.) to chronic disability (hepatitis, tuberculosis (TB), etc.) to even death (acquired immune deficiency syndrome (AIDS)). Viruses (need a living host to function) and bacteria (can function outside a living host) are the bugs (i.e., pathogens) most responsible for the spread of infectious disease.

Not all infectious diseases are communicable (or contagious), that is, they can't be transmitted from person-to-person. "Food poisoning" from poorly prepared food that bears the highly infectious, but not contagious salmonella bacteria is an example. Contrarily, chickenpox is both infectious and contagious since it easily transmits from person-to-person through the air. Another feature is that a communicable disease can spread directly (i.e., from person-to-person via contact with infected body fluids, e.g., blood) or indirectly (i.e., from person-to-an inanimate object-to-person).

For purposes here, infectious diseases are generally typed as follows by their transmission route.

Bloodborne - transmission by contact with the blood or other body fluids of an infected person. Bloodborne diseases, the subject of IDCP §2.0, include hepatitis B, hepatitis C and human immunodeficiency virus (HIV).

Airborne - transmission by subject pathogen being carried by or through the air from person-to-person. Airborne diseases include TB, the subject of IDCP§3.0, meningitis, Hanta virus, and influenza.

Enteric (fecal-oral) - transmission by ingestion of subject pathogen, often through contaminated food or water. Enteric diseases include hepatitis A, hepatitis E, and salmonella.

Vector-borne - transmission by carrier (vector), usually an insect or animal, to a susceptible host often through a bite. Vector-borne diseases include rabies (animals), plague (fleas), Rocky Mountain spotted fever (ticks), and California equine encephalitis (mosquito).

Over 2,000 County employees are at risk for job-related exposure to infectious disease. These potential exposures occur during the providing of care or public and life-safety services (e.g., health care, laboratory testing, first aid, cardiopulmonary resuscitation (CPR), specimen collection, and controlling assaultive behavior). The level of hazard depends on the communicability, dose or concentration, virulence, and host resistance to the infectious material. Associated health effects can occur immediately or develop over several years.

There are several laws and regulations governing this type of job-related risk, including the California Code of Regulations (CCR) Title 8 §§ 3203 and 5193. The CCR mandates the County to have a written, actionable IIPP, a Bloodborne Pathogen Exposure Control Plan, and a Tuberculosis Exposure Control Plan to minimize the risk for infectious disease exposure. The County has taken steps to reduce this risk through the use of engineering and administrative controls. In situations where these controls are not possible or feasible, the County requires affected employees to use approved personal protective equipment (PPE).

1.2.2 The Program

This IDCP is part of the County's ongoing injury and illness prevention strategy, and is a key component to maintaining worker health and well being. Having an effective IDCP will, in turn, materially improve the productivity and efficiency of the County's most important asset: its employees.

The IDCP's principal objective is to assure, prevent, minimize, and protect employees from harmful infectious disease exposure. The practices and procedures contained herein describe the IDCP for the County. The IDCP requires decisive action for identifying and controlling the risk of infectious disease in County activities. When this is not possible, the intent is then to define procedures regarding the use of personal protective equipment against the stubborn infectious agents. Employees who require respiratory protection under this program will also need to comply with the County's Respiratory Protection Program.

This IDCP contains three sub plans: the Bloodborne Pathogen Exposure Control Plan (BPECP) in IDCP §2.0, the Tuberculosis Exposure Control Plan (TBECP) in IDCP §3.0, and the Infectious Disease Exposure Control Plan (IDECP) in IDCP §4.0 that covers those infectious diseases not covered in either IDCP §2.0 or §3.0. For the most part, the three sub-plans, along with this IDCP §1.0, are stand alone plans for the diseases covered.

1.2.3 Program Scope

This IDCP covers all County employees, work environments, and job tasks that have the risk of exposure to infectious disease. Employees participating in the IDCP do so at no cost to them. The goal is to proactively identify, analyze, prevent, and control infectious disease exposure risks in the workplace.

It is the County's intent that this IDCP and its implementation in County operations comply with all controlling laws and regulations. In those cases where this IDCP conflicts with those laws and regulations, the more stringent, as determined by Risk Management, of the two shall apply.

2.0 BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

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2.1 INTRODUCTION

The County recognizes bloodborne pathogen exposure (BPE) as an important issue, potentially impacting how work is done by a large segment of those who work for the County. To address this impact, this County Bloodborne Pathogen Exposure Control Plan (BPECP) has been put in place to facilitate protecting the health of those individuals. Contact General Services Agency (GSA) Risk Management at 654-3197 for a copy of this BPECP.

2.2 SCOPE

This BPECP gives structure and provides a framework to assist managers/supervisors with BPE issues. Procedures are included that address the evaluation of and prevention from BPE. The extent of occupational contact with blood and bodily fluids varies depending on the work of each individual.

Over 1,000 individuals daily have the potential to encounter blood or body fluids while doing work for the County. Since there is no reliable means to identify infectious blood or infectious materials before they are encountered, all blood and body fluids are assumed to be infectious. Since the BPE issue has far reaching impact, this plan sets mandatory criteria, sets a determination of applicability, and specifies procedures and sources of information for identified work activities with potential for BPE.

2.3 APPLICABILITY

Agency/Department employee job classifications are categorized by exposure determination into three categories listed below (see Appendix B for listing). Category 1 and 2 job classifications are required to follow all aspects of this plan. Category 3 job classifications need to be aware of the BPECP. Managers/Supervisors must coordinate with Risk Management on any changes in exposure levels or job tasks.

Category 1 - those with high potential for exposure to blood or Other Potentially Infectious Materials (OPIM), i.e., those doing regularly assigned duties (e.g., first aid, cardiopulmonary resuscitation (CPR), collecting blood specimens, providing direct patient care, clean-up of bloody spills, etc.) that are exposed to blood, body fluids, or tissues.

Category 2 - those with moderate potential for exposure to blood or OPIM, i.e., those whose normal work tasks do not involve routine exposure to blood, body fluids, or tissues, but exposure may occur as a condition of employment based on specific job tasks with BPE risk potential (collecting or handling bloody evidence, controlling an assaultive client, assisting someone injured, clean-up of a bloody spill, etc.).

Category 3 - those with very low potential for exposure to blood or OPIM, i.e., those whose normal work tasks do not involve routine exposure to blood, body fluids, or tissues, and exposure is not required as a condition of employment.

2.4 RESPONSIBILITIES

2.4.1 Program Administrator - GSA/Risk Management

The Program Administrator, Risk Management, has authority and overall responsibility for the design, implementation, interpretation, and revision of the BPECP. The Program Administrator 's duties include:

- a.** Direct and plan an effective BPECP program County-wide.
- b.** Coordinate BPE control needs with Agencies/Departments by providing appropriate professional and technical resources.
- c.** Review and approve all aspects of this BPECP.
- d.** Recommend engineering and administrative controls as needed and determine which job classifications and job tasks are to be included in this BPECP.
- e.** Ensure the Licensed Health Care Professional (LHCP) has a copy of this BPECP, a copy of CCR Title 8 §5193, and after an exposure incident provide the LHCP: (1) a description of the exposed employee's duties as related to the incident; (2) documentation of the route(s) of exposure and circumstances under which exposure occurred, per CCR Title 8 §5193 (f)(3)(A); (3) results of the source individual's blood testing, if available, or a contact to request information; and (4) all medical records relevant to the appropriate treatment of the employee including vaccination status that are the employer's responsibility to maintain, per CCR Title 8 §5193 (h)(1)(B)2.
- f.** Obtain and provide the employee a copy of the LHCP's written opinion within 15 days of the completion of the exposure evaluation.
- g.** Arrange for and/or conduct quality initial (within 10 days of hire/transfer) and annual training.
- h.** Evaluate the BPECP by monitoring its overall quality and effectiveness by annually reviewing each Agency/Department's procedures, completing the Program Administrator Evaluation (see Appendix D), and making recommendations as required per Agency /Department evaluation.
- i.** Maintain required records.

2.4.2 Health Care Management

LHCPs authorized and/or administered by the Program Administrator provide services for health maintenance, medical surveillance, and exposure care. The Program Administrator shall use available resources from the *County of Ventura Authorized Medical Panel* of providers and Workers' Compensation consultants along with Health Care Agency (HCA)/Employee Health Services to:

- a.** Provide hepatitis B vaccination for employees in identified risk job classifications.
- b.** Validate Agency/Department verification of occupational occurrences and exposure incidents and provide initial and follow-up exposure care (after initial exposure evaluation and medical care, follow-up care will be managed and completed by HCA/Employee Health Services unless employee refuses per item c of this section) based on established protocols per the U.S. Department of Health and Human Services Centers of Disease Control and Prevention.
- c.** Advise an employee following an exposure incident that s/he may refuse post-exposure evaluation and follow-up from the County healthcare professional. When consent is refused, notify Risk Management and make immediately available to the exposed employee/s a confidential medical evaluation and follow-up from a LHCP other than from the County's Employee Health Services or one connected with their Agency/Department for post-exposure follow-up care.

- d. Provide a written opinion 15 days after an exposure incident to the Program Administrator to include: (1) for hepatitis B vaccination the opinion shall be limited to whether hepatitis B vaccination is indicated, and if the employee has received such vaccination, and (2) for post-exposure evaluation and follow-up, the opinion shall be limited to whether the employee has been informed of the evaluation results, and whether the employee has been told about any medical conditions resulting from exposure to blood or OPIM that requires further evaluation or treatment. All other findings or diagnoses shall remain confidential and shall not be included in the written opinion.
- e. Maintain medical evaluations, exposure data, and related BPECP documentation in medical records per CCR Title 8 §5193 (h)(1) ensuring appropriate notification and documentation of vaccination, declination of vaccination, exposure medical evaluation (including test results), work limitations and counseling.
- f. Keep a log of verified occupational occurrences sending same to HCA/Employee Health Services.
- g. Maintain (HCA/Employee Health Services only) the Sharps Injury Log (see Appendix C for log).
- h. Coordinate with the Program Administrator for hazard evaluations or training deficiencies noted.

2.4.3 County Executive Office (CEO)/Human Resources

The CEO/Human Resources shall ensure BPE potential is incorporated into job descriptions of specified job classifications through Human Resources Division and Agency/Department personnel representatives.

2.4.4 GSA Procurement Services

GSA Procurement Services shall ensure that equipment suppliers have proper specifications for BPECP related items, and ensure Personal Protective Equipment (PPE) and engineering control items are readily available.

2.4.5 Agencies

2.4.5.1 Management

Management is responsible for ensuring the BPECP has an approved budget to meet the needs of the Agency/Department. Duties of management include:

- a. Coordinate with the Program Administrator to identify at risk job tasks.
- b. Coordinate with LHCPs for hepatitis B vaccination, medical evaluations, and exposure care.
- c. Implement BPECP and submit annually to the Program Administrator for review any changes in exposure risk potential or job tasks or specific methods of compliance.
- d. Assess the BPECP yearly for overall effectiveness by evaluating Agency/Department program against all aspects of this BPECP.
- e. Follow-up and take corrective action after all occupational occurrences or exposure incidents especially sharps incidents resolving deficiencies promptly.

2.4.5.2 Managers and Supervisors

Managers/supervisors shall ensure that the BPECP is implemented in their areas. In addition to being knowledgeable about the BPECP for self-protection, supervisors must ensure that the BPECP is understood and followed by those in their charge. Duties of managers/supervisors include:

- a. Ensuring work activities within area of responsibility have been surveyed for BPE potential and identified by job classification, hazard evaluation (exposure determination) and exposure history.
- b. Continually monitoring job tasks to identify new or unrecognized BPE hazards.
- c. Being knowledgeable about bloodborne pathogens and how this issue impacts employees (e.g., know exposure incident trends and injury rates).
- d. Using resources and programs available within the County and through the Program Administrator to address bloodborne pathogen concerns or needs.
- e. Ensuring they and those they direct follow this BPECP and receive BPECP training and vaccination prior (i.e., within 10 days of hire or transfer) to carrying out work tasks with BPE potential.
- f. Reviewing and verifying all reported occupational occurrences and exposure incidents along with taking action to prevent reoccurrence.
- g. Processing, based on verification, either a Bloodborne Pathogen Employer's Report of Injury or an Occupational Occurrence Incident Form (see Appendix C), and a Sharps Injury Log (see Appendix C) per applicable incident.
- h. Ensuring prompt follow-up is provided for employees involved in an exposure incident, and that each involved employee contacts HCA/Employee Health Services at 654-3813 the next duty day after an exposure incident for a medical evaluation.
- i. Providing budgetary resources to ensure information/training and control measures are available to those they direct.
- j. Inspecting monthly engineering/administrative controls to ensure use as intended and re-evaluate annually for effectiveness, efficiency and cost.
- k. Complete a Manager/Supervisor Evaluation (see Appendix D) semi-annually or as otherwise required.

2.4.5.3 Employees

Employees are responsible to use the control measures, wear PPE, and follow the *Methods of Compliance* (IDCP §2.5, below) when and where required and in the manner they were trained. Duties include:

- a. Understanding and participating fully in the BPECP.
- b. Using established controls and reporting malfunctions/deficiencies to managers/supervisors.
- c. Using all PPE as outlined in established procedures.
- d. Participating in initial (within 10 days of hire or transfer) and annual BPECP training.
- e. Reporting all occupational occurrences and exposure incidents immediately to their supervisor.
- f. Contacting HCA/Employee Health Services at 654-3813 by the following duty day after an exposure incident for a medical evaluation.
- g. Evaluating their BPECP participation, use and effectiveness of control measures semi-annually via checklist (see Appendix D) or as required by the Program Administrator.

2.5 METHODS OF COMPLIANCE

The following practices will be followed when BPE potential has been determined based on job classification, hazard evaluation (exposure determination) and exposure history. Other engineering or administrative controls will be implemented as needed per Program Administrator review and approval.

2.5.1 Universal Precautions

Universal Precautions shall be used to prevent contact with blood or OPIM. When differentiation between body fluid is difficult, all body fluids shall be considered potentially infectious materials.

2.5.2 Engineering and Work Practice Controls -- General Requirements

Engineering and work practice controls shall be used to eliminate or minimize BPE. Examine these controls for use, maintenance, and/or replacement monthly to ensure their effectiveness and re-evaluate annually for effectiveness and efficiency. All procedures involving blood or OPIM must be done in a manner that minimizes the splashing, spraying, spattering, and generation of droplets of these substances.

2.5.3 Engineering and Work Practice Controls -- Specific Requirements

- a. *Rules for Needleless Systems, Needle Devices, and non-Needle Sharps.*
 1. Needleless systems shall be used for: (a) withdrawal of body fluids after initial venous or arterial access is established, (b) administration of medications or fluids, and (c) any other procedure involving the potential for an exposure incident for which a needleless system is available as an alternative to the use of needle devices.
 2. Needle devices with engineered sharps injury protection shall be used if needleless systems are not used for: (a) withdrawal of body fluids, (b) accessing a vein or artery, (c) administration of medications or fluids, and (d) any other procedure involving BPE potential for which a needle device with engineered sharps injury protection is available.
 3. Non-Needle Sharps shall include engineered sharps injury protection.
 4. The following exceptions apply to the engineering controls required by CCR Title 8 §5193:
 - (a) If the control is unavailable in the marketplace;
 - (b) If a LHCP involved in a patient's care reasonably determines, which is to be documented per CCR Title 8 §5193(c)(1)(B)6, that use of the control will jeopardize the patient's safety or the success of a medical, dental or nursing procedure involving the patient;
 - (c) If the Agency/Department can demonstrate by objective criteria that the control is not more effective in preventing BPE incidents than that used by the Agency/Department; or
 - (d) If the Agency/Department can demonstrate that reasonably specific and reliable information is unavailable on the safety performance of the control for the subject procedure, and that the Agency/Department is actively determining by objective criteria whether use of the control will reduce the risk of BPE incidents occurring in the subject workplace.
- b. *Prohibited Practices*
 1. Shearing or breaking of contaminated needles and other contaminated sharps.
 2. Bending, recapping or removing contaminated sharps from protective devices (*exception* -- contaminated sharps may be bent, recapped, or removed from devices if done using a mechani-

- cal device or a one-handed technique, and the Agency/Department can show that no alternative is feasible or that such action is required by a specific medical or dental procedure);
3. Storing or processing sharps contaminated with blood or OPIM in a way that requires reaching by hand into the containers where these sharps have been placed.
 4. Reusing disposable sharps.
 5. Directly using hands to pickup sharp objects that may be contaminated.
 6. Accessing the contents of sharps containers unless properly reprocessed or decontaminated.
 7. Opening, emptying, or cleaning manually sharps containers or in any other manner that would cause exposure to the risk of sharps injury.
 8. Pipetting/suctioning by mouth of blood or OPIM.
 9. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses in work areas where there is a reasonable likelihood of BPE.
 10. Keeping food and drink in refrigerators, freezers, shelves, and cabinets or on countertops or benchtops where blood or OPIM are present.
- c. *Handling Contaminated Sharps, Broken Glassware or Sharp Objects.*
1. All procedures involving sharps in connection with patient care shall:
 - (a) be done using effective patient-handling techniques and other methods designed to minimize the risk of a sharps injury;
 - (b) put contaminated sharps in containers per CCR Title 8 §5193(d)(3)(D) as applicable immediately or as soon as possible after use; and
 - (c) use containers for contaminated sharps that are: (1) easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries); (2) maintained upright throughout use, where feasible; and (c) replaced when 2/3 full.
 2. Pickup broken glassware potentially contaminated with blood or OPIM using tongs, a broom and dustpan, or a HEPA vacuum (not the hands) and disposed of into a sharps container if regulated waste or bagged and containerized to prevent any further contact or injury.
 3. Other sharp objects potentially contaminated with blood or OPIM if to be repaired are to be cleaned and disinfected first per IDCP §2.5.3.i. Don't pickup the object directly with the hands. Use tongs, shovel, or other extended tool to lift and transport via a cart in another container. Clean and disinfect all equipment used per IDCP §2.5.3.i. Other broken or unusable sharp objects potentially contaminated with blood or OPIM to be discarded are to be put in a sharps container of regulated waste, or bagged and containerized as regulated waste, or bagged and containerized to prevent any further direct contact or injury.
- d. *Sharps Containers for Contaminated Sharps*
1. All containers for contaminated sharps shall be: (a) rigid, (b) puncture resistant, (c) leakproof on the sides and bottom, (d) portable if necessary to ensure easy access by the user per CCR Title 8 §5193(d), and (e) labeled per CCR Title 8 §5193(g).
 2. If discarded sharps are not to be reused, the container shall be closeable and sealable so that when sealed, the container is leak resistant and can be reopened only with great difficulty.
- e. *Cardiopulmonary Resuscitation Precautions.* To minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, pocket masks, or other such device shall be used. Such devices will be supplied to individuals for their use and stored in designated kits or cabinet locations.

- f. *Patdowns.* To minimize the potential for exposure the following rules apply:
1. First, inform the individual you are going to do a patdown and you want to know if s/he is carrying any sharp instruments (e.g., needle) -- tell the person you are going to find it anyway, so s/he might as well hand it over (or tell you where object is and remove per Agency/ Department procedures);
 2. Make sure outer clothing is removed by the person;
 3. Have the person empty pockets and turn inside out, remove belt and fold down waist band, turn out cuffs, fold back fly of pants or per Agency/Department procedure;
 4. "Pat" the person – don't run your hands up and down; and
 5. If you feel something in a pocket, have the person remove it or per Agency/Department procedure -- **never** reach into someone's pocket
- g. *Shakedown.* To minimize the potential for exposure the following rules apply to room and personal property searches:
1. Don't put hands or fingers into any area you cannot see clearly;
 2. Use a long handled mirror, baton, pen, pencil, or stick -- not your hands -- to feel or dislodge items from potential hiding places;
 3. Use a long handled mirror to see under beds, lockers, etc., or around corners;
 4. Lay-out clothing, bedding, etc., instead of searching with your hands;
 5. Use a long handled mirror, pen or other item to lift papers, clothing, etc., to see what is underneath; and
 6. Use a flashlight, even during daylight hours, to see dark areas or crevices.
- h. *Regulated Waste*
1. Handling, storage, treatment, and disposal of regulated waste shall be per Health and Safety Code Chapter 6.1, §117600 through §118360, other applicable regulations, and the *Ventura County Medical Waste Management: A Guide to Compliance for Medical Waste Generators*.
 2. When any container of contaminated sharps is moved from the area for disposal, it shall be: (a) closed prior to removal to prevent spillage or protrusion of contents during handling, storage, or transport; and (b) if leakage is possible, put in a secondary container that is: closeable, made to prevent leakage during handling, storage, or transport; and labeled per CCR Title 8 §5193(g).
 3. Regulated waste not consisting of sharps shall be disposed of in containers that are: (a) closeable and made to prevent leakage, spillage, or protrusion of contents during handling, storage, or transport; (b) labeled and color-coded per CCR Title 8 §5193(g); and (c) closed prior to removal.
 4. If outside contamination of a regulated waste container occurs, put it in a second container that is: (a) closeable and made to prevent leakage, spillage, or content protrusion during handling, storage, or transport; (b) labeled and color-coded per CCR Title 8 §5193(g), and (c) closed prior to removal.
- i. *Handling Specimens of Blood or OPIM.* Specimens of blood or OPIM shall be put in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping.
1. The container shall be labeled or color-coded per CCR Title 8 §5193(g), and closed prior to being stored, transported, or shipped. When a facility uses Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens and they remain within the facility. Labeling or color-

- coding per CCR Title 8 §5193(g) is required when such specimens/ containers leave the facility.
2. If outside contamination of the primary container occurs, it shall be put within a second container that prevents leakage during collection, handling, processing, storage, or transporting and labeled or color-coded per CCR Title 8 §5193.
 3. If the specimen could puncture the primary container, it shall be put within a secondary container that is puncture-resistant in addition to the above characteristics.
- j. *Servicing or Shipping Contaminated Equipment.* Equipment that may become contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the Agency/Department can demonstrate that decontamination of such equipment or portions of such equipment is not feasible. In such cases:
1. A readily observable label per CCR Title 8 §5193(g) shall be attached to the equipment stating which portions remain contaminated; and
 2. Information concerning all remaining contamination shall be conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.
- k. *Trauma Scene Sites.* Evidence collection and clean-up of trauma scene sites are to be done only by authorized and trained personnel ensuring contamination is not spread to self or environment. If a public or private site is contaminated a readily observable label per CCR Title 8 §5193(g) shall be posted stating this is a contaminated site and the area cordoned off from access. Note: labels are available from the California Association of Trauma Waste Practitioners at (877)790-9911. Information concerning the contaminated site shall be conveyed to all public service employees involved with the site and/case, the owners, business/private employees, servicing representative, and any others who may need to access to the site prior to decontamination.
- l. *Cleaning and Decontamination of the Worksite.*
1. General Requirements.
 - (a) Managers/supervisors shall ensure that the worksite is maintained in a clean and sanitary condition via, at minimum, a written schedule for cleaning and decontamination.
 - (b) The cleaning or decontamination method used shall be effective and appropriate for the location and type of surface or equipment to be treated, the type of contamination present, and the tasks or procedures performed in the area.
 - (c) All equipment, environmental, and work surfaces shall be cleaned and decontaminated after contact with blood or OPIM no later than at the end of the shift. Cleaning and decontamination of equipment and work surfaces is required more often as specified below.
 2. Specific Requirements.
 - (a) Contaminated work surfaces and equipment (brooms, mops, clean-up tools, etc.) shall be cleaned and decontaminated immediately or as soon as possible when: (i) item becomes overtly contaminated; (ii) there is a blood or OPIM spill; (iii) procedures are done; and (iv) at the end of the work shift if the item has become contaminated since the last cleaning.
 - (i) Small spills: Wear PPE and absorb the spill as trained. Put disposable absorbed spill materials in a plastic lined trash container. Clean area with soap and water, then disinfect with 1:10 solution of household bleach (1 oz. bleach and 9 oz. water), or clean with an FDA approved hospital grade detergent/disinfectant for 20 minutes or per manufac-

turer and as trained. Clean and disinfect all equipment used, containerize, and dispose of waste as trained.

- (ii) Large spills: Wear PPE as trained, then cover spill area with 1:10 solution of household bleach or with an FDA approved hospital grade detergent/disinfectant for 20 minutes. Absorb spill as trained. Containerize disposable absorbed spill materials. Clean the area using "small spills" procedure. Clean and disinfect all equipment used. Containerize and dispose of all waste as trained.
 - (b) All receptacles (bins, pails, cans, and the like) intended for reuse that have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected weekly and cleaned and decontaminated immediately or as soon as possible upon visible contamination. Clean as for "small spills" noted above.
 - (c) Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible after use, when they become overtly contaminated, at the end of a specific procedure, or at the end of the work shift.
- m. *Hygiene.*
 - 1. Agencies/Departments shall provide handwashing facilities readily accessible to employees.
 - 2. When the provision of handwashing facilities is not feasible, the Agencies/Departments shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
 - 3. Managers/Supervisors shall ensure that employees wash their hands immediately or as soon as possible after removal of gloves or other PPE.
 - 4. Managers/supervisors shall ensure that employees wash hands and any other skin area with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or OPIM.
- n. *Laundry*
 - 1. Contaminated laundry shall be handled as little as possible with a minimum of agitation.
 - (a) Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.
 - (b) Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded per CCR Title 8 §5193(g). When a facility uses Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring Universal Precautions.
 - (c) Whenever contaminated laundry is wet and presents a reasonable likelihood of soaking through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers, which prevent soak-through and/or leakage of fluids to the exterior.
 - 2. The manager/supervisor shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate PPE.
 - 3. When contaminated laundry is sent off-site to a second facility that does not use Universal Precautions in the handling of all laundry, the facility generating the subject laundry must place such laundry in bags or containers that are labeled or color-coded per CCR Title 8 §5193(g).

2.5.4 Personal Protective Equipment (PPE)

- a. *Provision.* Where occupational exposure remains after applying engineering and administrative controls, the Agency/Department shall provide, at no cost to the employee, appropriate PPE (gloves, gowns, face shields, eye protection, mouthpieces, resuscitation bags, pocket masks, etc.). PPE is "appropriate" only if it does not permit blood or OPIM to pass through to or reach the worker's clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the time that the PPE is used. For fire fighters, these requirements are in addition to and consistent with those in CCR Title 8 §3401-3411.
- b. *Use.* The manager/supervisor shall ensure that the employee uses appropriate PPE unless the manager/supervisor shows that the employee temporarily and briefly declined to use PPE when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the issue shall be investigated and documented to determine if changes can be made to prevent such occurrences in the future. The manager/supervisor shall encourage employees to report all such instances without fear of reprisal per CCR Title 8 §3203.
- c. *Accessibility.* The Agency/Department shall ensure that appropriate PPE in the appropriate sizes is readily accessible at the worksite or is issued to employees.
- d. *Maintenance.* The Agency/Department shall clean, launder, and dispose of PPE required per CCR Title 8 §5193 at no cost to the employee. The Agency/Department shall also repair or replace PPE as needed to maintain its effectiveness at no cost to the employee.
- e. *Removal.* Employees will remove PPE as follows:
 - 1. If a garment(s) is penetrated by blood OPIM, it shall be removed in a manner to not contaminate self or others as trained as soon as safe to do so.
 - 2. All PPE shall be removed in a manner to not contaminate self or others as trained prior to leaving the work area.
 - 3. When PPE is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- f. *Gloves.* Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, OPIM, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in CCR Title 8 §5193(d); and when handling or touching contaminated items or surfaces. These requirements are in addition to those in CCR Title 8 §3384.
 - 1. Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
 - 2. Disposable (single use) gloves shall not be washed or decontaminated for re-use.
 - 3. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, torn, punctured, or show other signs of deterioration or when their ability to function as a barrier is compromised.
 - 4. Unless the Agency/Department can demonstrate by objective criteria to the contrary, gloving is required for all phlebotomies.

5. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

g. *Masks, Eye Protection, Face Shields, and Respirators.*

1. Masks in combination with eye protection devices shall be worn whenever splashes, spray, spatter, or droplets of blood/OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated. These rules are in addition to those in CCR Title 8 §3382.
2. Disposable (single use) protection shall be replaced as soon as practical when contaminated or as soon as possible if they are scratched over 25% of the visual field, cracked, punctured, or when their ability to function as a barrier is compromised.
3. Disposable (single use) protection shall not be washed or decontaminated for re-use.
4. Re-usable protection may be decontaminated for re-use if the integrity of it is not compromised. However, they must be discarded if they are scratched over 25% of the visual field, cracked, torn, punctured, or when their ability to function as a barrier is compromised.
5. Where respiratory protection is used, the provisions of the County's Respiratory Protection Program and CCR Title 8 §5144 and 5147 shall apply. (Note: surgical masks are not respirators.)

h. *Gowns, Aprons, and Other Protective Body Clothing.*

1. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, or similar outer garments shall be worn in occupational exposure situations (e.g., tasks likely to generate bloody fluid splashes). The type and characteristics will depend upon the degree of exposure anticipated. These requirements are in addition to those in CCR Title 8 §3383.
2. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (autopsies, orthopedic surgery, evidence collection, etc.). These requirements are in addition to those in CCR Title 8 §3383.
3. Protective clothing is to be changed when soiled or before leaving the work area.
4. If disposable, protective clothing will be discarded as regulated waste (see IDCP §2.5.3.f) or, if possible, as regular trash.
5. Non-disposable protective clothing will be laundered as contaminated/non-contaminated through the Agency/Department. At no time will protective clothing be laundered at home or outside of internal County/County contracted facilities.

2.6 HEPATITIS B VACCINATION

Employees with potential BPE based on identified job classifications, hazard evaluation and exposure history will be offered the hepatitis B vaccine after receiving training per CCR Title 8 §5193 and within 10 working days of hire or transfer unless the employee: (1) has completed the hepatitis B vaccine series, (2) is positive for hepatitis B carriage or immunity, or (3) has a medical contraindication.

Employees must have received training concerning bloodborne pathogens prior to receiving the vaccination. Employees must acknowledge, in writing, if declining the vaccine at that time (see Appendix C) with the understanding that it can be given at a later date if requested. Employees who have not received the vaccination and have an occupational occurrence incident including first aid providers will be offered the hepatitis B vaccine at the time of incident reporting (Note: the hepatitis B vaccine will be given as soon as possible, but within 24 hrs), and must acknowledge in writing if they decline understanding the vaccination can be given by request at a later date.

Exception. Designated first aid providers who have potential for occupational exposure are not required to be offered pre-exposure hepatitis B vaccine if the primary job assignment of such designated first aid providers is not the rendering of first aid. Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred. This exception does not apply to designated first aid providers who render assistance on a regular basis, for example, at a first aid station, clinic, dispensary, or other location where injured employees routinely go for such assistance, and emergency or public safety personnel who are expected to render first aid in the course of their work.

Routine Booster. If the U.S. Public Health Service recommends a routine booster of hepatitis B vaccine at a future date, such booster dose(s) shall be made available in accordance with CCR Title 8 §5193 (f)(1)(B).

2.7 POST-EXPOSURE EVALUATION AND FOLLOW-UP

2.7.1 General Information.

Post-exposure evaluation and follow-up will be done by the *County of Ventura Authorized Medical Panel* of providers or Workers' Compensation consultants for each individual involved in a BPE incident. Contact Risk Management at 654-3197. **Note:** If initial evaluation is done by Ventura County Medical Center emergency room or other health care facility, the employee should report to HCA/Employee Health Services the next duty day. The Agency/Department will ensure that all medical evaluations and procedures including the hepatitis B vaccine, vaccination series, and post-exposure evaluation and follow-up, including prophylaxis, are:

- a. Made available at no cost to the employee;
- b. Made available to the employee at a reasonable time (within two hours of exposure) and place;
- c. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
- d. Provided per U.S. Public Health Service recommendations when these evaluations and procedures take place, except as specified by CCR Title 8 §5193(f) and all lab tests are by an accredited laboratory.

2.7.2 Specific Procedures.

Employees are to report an exposure incident or an occupational occurrence as soon as possible, within two hours of the incident or occurrence. The managers/supervisors need to classify the potential exposure as an occupational occurrence or an exposure incident.

- a. *Occupational Occurrence Determination.* This is a two-step process. Step one is verification by managers/supervisors where they assess the facts and opine as to whether the occurrence resulted in a questionable exposure. This is noted on an Occupational Occurrence Incident Form. Managers/Supervisors ensure that employee is seen by a LHCP for any medical follow-up needed and occurrence validation. Step two is validation by LHCP where they assess the occurrence and determine “exposure” or “non-exposure”. This is noted on an Occupational Occurrence Incident Form.

A log of these verified incidents will be kept by the LHCP and sent monthly to HCA/Employee Health Services. If an exposure is determined, the LHCP informs the manager/supervisor to complete a Bloodborne Pathogen Employer's Report of Occupational Injury or Illness Form.

- b. *Exposure Incident Determination.*** This is based on employees having an “exposure” (see Appendix A). Managers/Supervisors assess the facts of the occurrence and determine an exposure incident has happened. (If there is a questionable exposure, follow procedures for an occupational occurrence). Next, note the incident on the Bloodborne Pathogen Employer's Report of Occupational Injury or Illness Form, which allows for the following to be detailed: the route of exposure, circumstances under which the incident occurred, and identification of the source individual, unless prohibited.
- c. *Post-exposure care and follow-up.*** Following a report of an exposure incident, the Agency/Department shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

 1. The manager/supervisor shall document the exposure incident on the Bloodborne Pathogen Employer's Report of Occupational Injury or Illness form (see Appendix C);
 2. The manager/supervisor shall identify and document the source individual, unless they can establish that identification is unfeasible or prohibited by state or local law;

 - (a)** The source individual's blood shall be tested as soon as feasible and after consent is obtained for hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), or syphilis infectivity. If the source individual does not consent to blood testing, the manager/supervisor will state that legally required consent cannot be obtained. When law does not require the source's consent, the source's blood, if available, shall be tested and the results documented.
 - (b)** When the source individual is known to be infected with HBV, HCV, HIV, or syphilis, testing the source individual for it need not be repeated. Confirmation can be made on specimens already available, or through a review of the source individual's medical record if testing has already been done.
 - (c)** Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
 3. The manager/supervisor shall ensure that the employee is directed to the appropriate LHCP for testing of the employee for HBV, HCV, HIV and syphilis;

 - (a)** The exposed employee's blood shall be collected as soon as feasible (preferably within 2 hours) and tested after consent is obtained.
 - (b)** If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
 - (c)** Additional collection and testing shall be made available as recommended by the U.S. Public Health Service Centers of Disease Control and Prevention.
 4. The County will provide for post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service Centers of Disease Control and Prevention through the *County of Ventura Authorized Medical Panel* of providers or Workers' Compensation consultants or per the Program Administrator;

5. The County provides for counseling and evaluation of reported illnesses through the *County of Ventura Authorized Medical Panel* of providers or Workers' Compensation consultants or per the Program Administrator.
6. The County provides post-exposure follow-up through HCA/Employee Health Services or per the Program Administrator through the *County of Ventura Authorized Medical Panel* of providers or Workers' Compensation consultants.

2.8 COMMUNICATION OF HAZARDS

2.8.1 Labels

- a. Warning labels shall be affixed to containers of regulated waste, refrigerators/freezers containing blood/OPIM, and other containers used to store, transport or ship blood/OPIM, except as provided in CCR Title 8 §5193(g). Other labeling provisions (e.g., Health and Safety Code §118275-118320) may apply, however.
- b. Labels can include any of the following legends as required by CCR Title 8 §3341:



BIOHAZARD

Or in the case of regulated waste the legend:

BIOHAZARDOUS WASTE or SHARPS WASTE

as described in Health and Safety Code §§ 118275 through 118320.

- c. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.
- d. Labels required by CCR Title 8 §5193(g) shall be an integral part of the container or affixed as close as possible to the container by a method that prevents loss or unintentional removal.
- e. Red bags or red containers may be substituted for labels except for sharp containers or regulated waste red bags. Bags used to contain regulated waste shall be color-coded red and labeled per CCR Title 8 §5193(g). Labels on red bags or red containers do not need to be color-coded per CCR Title 8 §5193(g).
- f. Containers of blood, blood components, or blood products that are labeled as to contents and have been released for clinical uses are exempted from CCR Title 8 §5193(g) labeling requirements.
- g. Individual containers of blood/OPIM that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.
- h. Labels required for contaminated equipment shall be per CCR Title 8 §5193 and shall also state which portions of the equipment remain contaminated.
- i. Regulated waste that has been decontaminated need not be labeled or color-coded.

2.8.2 Information and Training

- a. Agency/Departments shall ensure that all employees with blood/OPIM exposure or potential for an occupational occurrence (i.e., First Aid/CPR trained, but not part of primary job classification) participate in a training program approved by the Program Administrator provided at no cost to the employee and during working hours.
- b. Training shall be provided: (1) at the time of initial assignment (within 10 days of hire or transfer and prior to doing job tasks with exposure potential) for tasks where BPE has been identified; and (2) annually thereafter (i.e., within one year of their previous training).
- c. For those who received training on bloodborne pathogens in the year preceding the effective date of this BPECP, only training with respect to the BPECP provisions not included need be given.
- d. Managers/Supervisors shall provide additional training when changes such as introduction of new engineering, administrative or work practice controls, modification of tasks or procedures or institution of new tasks or procedures affect the employee's potential occupational exposure. The additional training may be limited to addressing the new exposures created.
- e. Training material will be appropriate to the educational level, literacy, and language of employees.
- f. The training program shall contain at a minimum the elements detailed in Appendix E.
- g. The training instructor shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

2.9 RECORD KEEPING

2.9.1 Medical Records

- a. The Program Administrator shall establish and maintain an accurate record for each employee with an occupational exposure per CCR Title 8 §3204. This record shall include, at minimum:
 1. Name and social security number of the employee;
 2. A copy of the employee's hepatitis B vaccination status with dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
 3. A copy of all results of examinations, medical testing, and follow-up procedures;
 4. The copy of the LHCP's written opinion; and
 5. A copy of the information provided to the LHCP.
- b. The LHCP and Program Administrator shall ensure that employee medical records required by CCR Title 8 §5193(h) are kept confidential and not disclosed without employee's written consent to any person except as required by this section or as may be required by law.
- c. The Program Administrator and LHCP shall maintain the records required by CCR Title 8 §5193(h) for at least the duration of employment plus 30 years per CCR Title 8 §3204.

2.9.2 Training Records

The Program Administrator and Agency/Department shall ensure that training records include training dates, the contents or a summary of the training sessions, the names and qualifications of the trainers, and the names and job titles of those attending the training sessions. Moreover, the Program Administrator and managers/supervisors shall maintain said training records for 3 years from the date of training.

2.9.3 Exposure Incident and Occupational Occurrence Records

The Program Administrator and Agency/Department will ensure that copies of the Bloodborne Pathogen Employer's Report of Injury or Illness and Occupational Occurrence Forms are maintained for a minimum of 5 years along with the Cal/OSHA 200 log. The LHCP will maintain the Occupational Occurrence log, which shall be readily available to all employees and to the Chief of Cal/OSHA upon request.

2.9.4 Sharps Injury Log

- a. Each Agency/Department will maintain a Sharps Injury Log in the form shown in Appendix C.
- b. Each sharp exposure incident shall be fully recorded on the log within 5 working days of the date the incident is reported.
- c. Managers/supervisors and HCA/Employee Health Services shall maintain the Sharps Injury Log for 5 years from the date the exposure incident occurred.

2.9.5 Record Availability

- a. The Program Administrator shall ensure that all records maintained per CCR Title 8 §5193 shall be available upon request to the Chief of Cal/OSHA and NIOSH for examination and copying.
- b. Training records required by CCR Title 8 §5193 shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief of Cal/OSHA, and to NIOSH.
- c. Employee medical records required by CCR Title 8 §5193 shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Chief of Cal/OSHA, and to NIOSH per CCR Title 8 §3204.
- d. The Sharps Injury Log required by CCR Title 8 §5193(c) shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief of Cal/OSHA, to the Department of Health Services, and to NIOSH.

2.9.6 Transfer of Records

- a. The Program Administrator shall comply with CCR Title 8 §3204 as it pertains to record transfers.
- b. If the County ceases to operate and there is no successor entity to receive and retain the records for the prescribed period, the County shall notify NIOSH, at least three months prior to their disposal and transmit them to the NIOSH, if required by NIOSH, within that three month period.

2.10 PROGRAM EVALUATION

2.10.1 Program Administrator

The Program Administrator will monitor annually the effectiveness of the overall program including reviewing and updating the BPECP (see Appendix D).

2.10.2 Agencies/Departments

Managers/supervisors will semi-annually evaluate the effectiveness of their BPEC program (see Appendix D) to include at least an annual review of engineering, administrative and personal protective equipment control measures, audit records to ensure documentation of training and exposure incidents is maintained per the BPECP, and report findings and actions to the Program Administrator.

2.10.3 Employees

Employees will semi-annually evaluate the effectiveness of their participation in the BPECP (see Appendix D) to include at least an annual review of engineering, administrative and personal protective equipment control measures reporting findings, recommendations and concerns to their manager/supervisor.

2.10.4 LHCP

LHCP will audit medical records and Sharps Injury Log (HCA/Employee Health Services only) yearly to ensure BPECP documentation and follow-up is complete and report findings and actions to the Program Administrator.

2.11 REFERENCES

- *Code of Federal Regulations*, Title 29 Part 1910.1030, Federal Register
- *California Code of Regulations*, Title 8 CCR Title 8 §§ 3204 and 5193
- *California Health and Safety Code*, Division 20, Chapter 6. 1
- *Ventura County Medical Waste Management: Guide to Compliance for Medical Waste Generators*, Ventura County Resource Management Agency, Environmental Health Division
- *Administrative Manual: Risk Management*, County of Ventura

Appendix A

BPECP

Definitions

Administrative Controls: Controls that minimize bloodborne pathogens hazards or minimize the potential for BPE (e.g., job task rotation, limiting time doing a job task, work practice controls)

Blood: Human blood, human blood components, and products made from human blood.

Bloodborne Pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited, to hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

CPR: Cardiopulmonary resuscitation.

Chief Cal/OSHA: means the Chief of the Division of Occupational Safety and Health of the California Department of Industrial Relations or designated representative.

Clinical Laboratory: A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated: The presence or the reasonably anticipated presence of blood or potentially infectious materials on an item or surface.

Contaminated Laundry. Laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

Decontamination: The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal. Decontamination includes procedures regulated by Health and Safety Code §118275.

Engineering Controls: Controls (e.g. sharps disposal containers, needleless systems, & sharps with engineered injury protection) that isolate or remove the bloodborne pathogens hazard from the workplace.

Engineered Sharps Injury Protection:

1. A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms; or
2. A physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

Exposure: reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of job tasks that is likely to transmit bloodborne pathogens from one person to another [e.g., being stuck by a needle, a human bite, giving mouth-to-mouth resuscitation without a CPR oneway valve mask, having another person's bodily fluids (i.e., infectious materials) contact the eye, mouth, or skin where a fresh wound, weeping rash, or skin barrier is not intact (i.e., chapped, abraded or afflicted with dermatitis)].

Exposure Incident: A specific event that results in an exposure from the performance of a job task.

Handwashing Facilities: A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

HBV: hepatitis B virus.

HCV: hepatitis C virus

HIV: human immunodeficiency virus.

LHCP: Licensed Health Care Professional.

Licensed Health Care Professional: A person whose licensed scope of practice includes an activity which the CCR Title 8 § 5193 requires to be performed by a licensed health care professional.

Needle or Needle Device: a needle of any type, including, but not limited to, solid and hollow-bore needles.

Needleless system: a device that does not utilize needles for: (a) the withdrawal of body fluids after initial venous or arterial access is established; (b) the administration of medication or fluids; or (c) any other procedure involving the potential for an exposure incident.

NIOSH: the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

Occupational Occurrence: a non-hospital based first aid or CPR response event involving the presence of blood or infectious materials with protected individual contact or no direct individual contact.

One-Hand Technique: A procedure wherein the needle of a reusable syringe is capped in a sterile manner during use. The technique employed shall require the use of only the hand holding the syringe so that the free hand is not exposed to the uncapped needle.

OPIM: other potentially infectious materials

Other Potentially Infectious Materials:

1. The following human body fluids: semen, vaginal, secretions, cerebrospinal fluid, synovial, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all other body fluids in situations, such as emergency response, where it is difficult or impossible to differentiate between body fluids;
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
3. Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV: (a) cell, tissue, or organ cultures from humans or experimental animals; (b) blood, organs, or other tissues from experimental animals; or (c) culture medium or other solutions.

Parenteral: Piercing mucous membranes or the skin barrier through such events as needle/sharp sticks, human bites, cuts, and abrasions.

Personal Protective Equipment (PPE): Specialized clothing or equipment worn by employees for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be PPE.

Regulated Waste: any of the following:

1. Liquid or semi-liquid blood or OPIM;
2. Contaminated items that: (a) contain liquid or semi-liquid blood, or are caked with dried blood or OPIM; and (b) are capable of releasing these materials when handled or compressed.
3. Contaminated sharps.
4. Pathological and microbiological wastes containing blood or OPIM.
5. Regulated Waste includes "medical waste" regulated by Health & Safety Code §§ 117600-118360.

Sharp: Any object used or encountered in the industries covered by CCR Title 8 §5193(a) that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

Sharps Injury: Any injury caused by a sharp (e.g., cuts, abrasions, or needlesticks).

Sharps Injury Log: A written or electronic record per CCR Title 8 §5193 (c)(2).

Source Individual: Any person (living or dead) whose blood or OPIM may be a source of an exposure incident.

Universal Precautions: An approach to employee health and infection control where all human blood and certain body fluids are treated and handled as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

Work Practice Controls: Controls that reduce the likelihood of exposure by defining the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

Appendix B

BPECP

- ▶ Job Classification Risk Categories
 - Category 1
 - Category 2
 - Category 3 (*all other job classifications*
--not listed here)

- ▶ Job Classification Potential Risk Acknowledgement
 - Category 1
 - Category 2
 - Category 3

Key BB Tasks:

- *1. Collecting/handling evidence, items or articles that are or are potentially contaminated with blood or OPIM
- *2. Assisting or aiding and individual who is injured or bleeding
- *3. Apprehending, controlling, subduing or controlling assaultive/violent patients/clients
- *4. Emergency First Aid or CPR collateral duty
- *5. Clean-up of blood or OPIN from work surfaces, floors, equipment, including vehicles

*** Reference Section 5.0 Job Classification Risk Categories – Page 5-1**

**COUNTY OF VENTURA
BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN
CATEGORY 1 JOB CLASSIFICATION
POTENTIAL RISK ACKNOWLEDGEMENT**

Category 1 job classifications: Those with high potential for exposure potential to blood or OPIM.

I understand that while performing my regularly assigned duties, I may be exposed to blood, body fluids, or tissues. I will use the appropriate personal protective equipment required when there is an inherent potential for mucous membrane or skin contact with blood, body fluids or tissues, or a potential for spills or splashes of them. Appropriate protection may include the use of gloves, gowns, masks, face shields, eye protection, mouthpieces, resuscitation bags, and other protective equipment.

I have read and I understand the County of Ventura's Bloodborne Pathogen Exposure Control Plan. I also understand that if I fail to use engineering and administrative controls and available personal protective equipment as trained, I will be subject to disciplinary action.

Employee Signature

SSN

Department/Job Title

Date

COUNTY OF VENTURA
BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN
CATEGORY 2 JOB CLASSIFICATION
POTENTIAL RISK ACKNOWLEDGEMENT

Category 2 job classifications: Have a moderate potential for exposure to blood or OPIM.

I understand that my normal work tasks do not involve routine exposure to blood, body fluids, or tissues, but exposure may be required as a condition of employment. I will use the appropriate personal protective equipment required when there is the potential for mucous membrane or skin contact with blood, body fluids or tissues, or a potential for spills or splashes of them. Appropriate protection may include the use of gloves, gowns, masks, face shields, eye protection, mouthpieces, resuscitation bags, and other protective equipment.

I have read and I understand the County of Ventura's Bloodborne Pathogen Exposure Control Plan. I also understand that if I fail to use engineering and administrative controls and available personal protective equipment as trained, I will be subject to disciplinary action.

Employee Signature

SSN

Department/Job Title

Date

COUNTY OF VENTURA
BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN
CATEGORY 3 JOB CLASSIFICATION
POTENTIAL RISK ACKNOWLEDGEMENT

Category 3 job classifications: Have very low potential for exposure to blood or OPIM.

I understand that my normal work tasks do not involve routine exposure to blood, body fluids, or tissues, and exposure is not required as a condition of employment.

I also understand that these Category 3 tasks and procedures may result in occupational exposure:

1. Disposing or handling of soiled tissues or other debris soiled with visible blood from offices, conference rooms, laboratories, hallways, or equipment.
2. Physical contact with other employees, public served, contractors, students or visitors with exudative lesions or weeping dermatitis.
3. Providing emergency first aid or CPR until professional help arrives.

Employee Signature

SSN

Department/Job Title

Date

Appendix C BPECP

Permits & Forms

- ▶ Hepatitis B Vaccination Information Permit
- ▶ Hepatitis B Vaccine Declination
- ▶ Occupational Occurrence Incident Form
- ▶ Bloodborne Pathogen Employer's Report of Occupational Injury or Illness Form
- ▶ Sharps Log
- ▶ Bloodborne Pathogen Exposure Incident Information
- ▶ Consent for HIV Antibody Blood Test
- ▶ Postexposure Prophylaxis Permits
 - Zidovudine
 - Lamivudine
 - Indinavir
- ▶ VCMC Post Exposure Prophylaxis Employee Checklist

COUNTY OF VENTURA
EMPLOYEE HEALTH
HEPATITIS B VACCINE DECLINATION

NAME: _____ MAIDEN _____

DATE OF BIRTH: _____ DEPT: _____

SOCIAL SECURITY NUMBER: _____

Please check appropriate box:

/ / I have received the Hepatitis B Vaccine (3 doses)

YEAR: _____ Place: _____

/ / I have received a Hepatitis antibody test and I am immune to Hepatitis B

YEAR: _____ PLACE _____

/ / I wish to receive Hepatitis B Vaccine Series (3 doses) from Ventura County Employee Health. If I am not yet employed by the County at the time of this signing, I will call and make an appointment when hired.

If hired by Public Health, Vaccine series will be given by the Public Health Department

/ / I understand that due to my occupational exposure to blood and other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. However, I decline Hepatitis B at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

/ / I understand that my current job does not expose me to blood and other potentially infectious materials. If my job changes in the future that may expose me to blood or other potentially infectious materials, then I may be at risk of acquiring Hepatitis B virus infection and I can receive the vaccination series at no charge to me.

Employee Signature _____ Date: _____

RN Signature _____



County of Ventura Occupational Occurrence Incident Form

California law requires an employer to report an occupational occurrence incident by the end of the shift in which it occurs or is reported.

E M P L O Y E	Name _____ Date of Birth _____
	Home Address _____ Phone Number _____
	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Social Security Number _____
	Job Classification _____
E M P L O Y E R	Agency/Dept. Name _____
	Budget Unit Number _____ Mail Location Number _____
	Address _____
	Supervisor's Name _____ Phone Number _____
O C C U P A T I O N A L I N C I D E N T	What Was Being Done? (Specify personnel involved, protective equipment, materials/products and other equipment/tools in use.) _____ _____
	Where Did Occurrence Happen? Date _____ Time _____ Address (building no., room no., mail location no.) _____ _____ _____
	How Did Occurrence Happen? (State how blood/body fluids were involved.) _____ _____
	Describe Any Exposure Potential (include parts of body). _____ _____
V A L I D A T E E X P O S U R E	Manager/Supervisor Choose One: <input type="checkbox"/> No Exposure <input type="checkbox"/> Questionable Exposure Manager/Supervisor's Name _____ Signature _____ Date _____
	Personnel/Employee Health Choose One: <input type="checkbox"/> No Exposure: <input type="checkbox"/> Exposure: Choose Treatment: <input type="checkbox"/> HEP B Vaccine Started <input type="checkbox"/> HEP B Vaccine Started <input type="checkbox"/> Blood Borne Pathogen Protocol Follow-Up Begun <input type="checkbox"/> HEP B Vaccine Declined <input type="checkbox"/> HEP B Vaccine Declined <input type="checkbox"/> Employer Report of Injury/Illness to be Filed
	Physician/Practitioner's Name _____ Signature _____ Date _____

State of California
**EMPLOYER'S REPORT OF
 OCCUPATIONAL INJURY
 OR ILLNESS INVOLVING**

**DISTRIBUTION: RETAIN PINK COPY FOR YOUR FILES, FORWARD
 GOLDENROD TO EMPLOYEE HEALTH SERVICES, AND MAIL THE
 REMAINING TWO COPIES TO:**



COUNTY OF VENTURA
RISK MANAGEMENT DIVISION
 800 SOUTH VICTORIA AVENUE, L #1040
 VENTURA, CA 93009

**RISK
 MANAGEMENT
 USE ONLY**

**BLOODBORNE
 PATHOGENS AND
 INFECTIOUS AGENTS**

*Any person who makes or causes to be made
 any knowingly false or fraudulent material state-
 ment or material representation for the purpose
 of obtaining or denying workers' compensation
 benefits or payments is guilty of a felony.*

NOTICE: California law requires employers to report within **five days** of knowledge of every occupational injury or illness which results in lost time beyond the date of the incident **OR** requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within **five days** of knowledge an amended report indicating death. In addition, every serious injury/illness, or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.

(PLEASE PRESS HARD, YOU ARE MAKING MULTIPLE COPIES.)

NATURE OF INJURY

PART OF BODY

INJURY TYPE/ADJ. I.D. NO.

EMPLOYER	1. AGENCY NAME			1A. BLDG. CODE	1B. DEPT-DIV	1C. LOCATION CODE
	2. MAILING ADDRESS (Please include City and Zip Code)					2A. PHONE NUMBER
	3. LOCATION, IF DIFFERENT FROM MAILING ADDRESS (Number, Street, City, and Zip Code)					
	4. TYPE OF EMPLOYER <input type="checkbox"/> Private <input type="checkbox"/> State <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> School District <input type="checkbox"/> Other Government (Specify) _____					
EMPLOYEE	5. EMPLOYEE NAME			6. SOCIAL SECURITY NUMBER		7. DATE OF BIRTH (mm dd, yy)
	8. HOME ADDRESS (Number, Street, City, and Zip Code)					8A. HOME PHONE NUMBER
	9. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	10. OCCUPATION (Regular job title, not specific activity at time of injury)			11. DATE OF HIRE (mm, dd, yy)	
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED					
	13. HOURS USUALLY WORKED Employee works _____ hours per day for _____ days per week			SCHEDULED DAYS OFF _____		13A. WEEKLY HOURS
14. GROSS WAGES/SALARY Employee earns \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Month <input type="checkbox"/> Other _____						
INJURY OR ILLNESS	15. DATE OF INJURY OR ONSET OF ILLNESS (mm, dd, yy)		16. TIME INJURY/ILLNESS OCCURRED _____ A.M. _____ P.M.		17. TIME EMPLOYEE BEGIN TO WORK _____ A.M. _____ P.M.	
	18. IF EMPLOYEE DIED, DATE OF DEATH (mm, dd, yy)		19. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY <input type="checkbox"/> Yes <input type="checkbox"/> No		20. DATE LAST WORKED (mm, dd, yy)	
	21. DATE RETURNED TO WORK (mm, dd, yy)		22. IF STILL OFF WORK, CHECK THIS BOX <input type="checkbox"/>		23. PAID FULL WAGES FOR DAY OF INJURY OR LAST DAY WORKED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	24. SALARY BEING CONTINUED? <input type="checkbox"/> Yes <input type="checkbox"/> No		25. DATE OF EMPLOYER'S KNOWLEDGE NOTICE OF INJURY ILLNESS (mm, dd, yy)			
	26. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS, if available, e.g., needlestick right thumb, splash to face (eyes), cut to left forearm					
	27. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City)			27A. COUNTY		27B. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No
	28. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g., client/patient home, pediatric clinic, patient room # _____ etc.				29. OTHER WORKERS INJURED/ILL IN THIS EVENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	30. EQUIPMENT/MATERIALS AND PERSONAL PROTECTION THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g., needle and syringe (non-retractable/retractable); mask, gloves, gown (no eye goggles), CPR mask and gloves.					
	31. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g., client counseling session, patient care, responding to accident scene.					
	32. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g., Intervening in altercation between two clients, Jane Doe bit his/her right arm. USE SEPARATE SHEET IF NECESSARY.					
33. NAME AND ADDRESS OF PHYSICIAN SEEN FOR THIS INJURY				33A. EMPLOYEE'S BLOOD TESTED: <input type="checkbox"/> Yes <input type="checkbox"/> No		
34. IF HOSPITALIZED AS AN INPATIENT, NAME, ADDRESS AND TELEPHONE NO. OF HOSPITAL (Number, Street, City, and Zip)				34A. SOURCE BLOOD TESTED: <input type="checkbox"/> Yes <input type="checkbox"/> No		
35. DATE EMPLOYEE CLAIM FORM GSA-135 GIVEN TO EMPLOYEE/BY WHOM?				35A. NAME OF SOURCE: _____		
SUPERVISOR NAME (Print)		TITLE OF SUPERVISOR		SIGNATURE OF SUPERVISOR		
DATE						

Employee tetanus vaccine date _____
 Hepatitis B vaccine date _____
 Hepatitis B surface antigen status of source _____
 Immediately offer Hepatitis B vaccine, if declined, state why: _____
 Hepatitis B: If patient is being tested for HBsAg, employee should follow up on these results as further treatment with the Hepatitis B hyperimmune globulin is indicated within 48 hours, ER of Employee Health Services at 654-3813.
 HIV: If the source patient is at high risk for HIV, the source patient's physician will discuss HIV screening with the employee. The employee must follow up with Employee Health for sequential screenings if a high-risk HIV inoculation occurs. Zidovudine (AZT) prophylaxis will be discussed with the employee, noting that efficacy is highly questionable.

COUNTY OF VENTURA

□ □ □ □ □ □
For Employee Health use only

SHARPS INJURY LOG

This form is to be complete for each employee exposure incident involving a sharp
Unless otherwise noted, use block print and fill in the one circle corresponding to the most appropriate answer

AGENCY/DEPT: _____	SECTION: _____
Mgr/Sup: _____	Phone #: _____ Date: _____

<input type="radio"/> County Employee	DATE OF INJURY	TIME OF INJURY
<input type="radio"/> Not Employee	____ / ____ / ____ month day year	____ : ____ <input type="radio"/> am <input type="radio"/> pm

DESCRIPTION OF THE EXPOSURE INCIDENT:

JOB CLASSIFICATION	DEPARTMENT/LOCATION	PROCEDURE	EXPOSURE OCCURRED
<input type="radio"/> MD <input type="radio"/> Nurse <input type="radio"/> Medical assistant <input type="radio"/> Phlebotomist/lab tech <input type="radio"/> Housekeeper/laundry <input type="radio"/> Firefighter/deputy <input type="radio"/> Student – type: _____ <input type="radio"/> Other: _____ _____ _____	<input type="radio"/> Patient room <input type="radio"/> Operating room <input type="radio"/> Procedure room <input type="radio"/> Emergency dept. <input type="radio"/> CCU/ICU <input type="radio"/> Clinical laboratory <input type="radio"/> Medical/outpatient clinic <input type="radio"/> Service/utility area <input type="radio"/> Office <input type="radio"/> Home <input type="radio"/> Other: _____	<input type="radio"/> Draw venous blood <input type="radio"/> Draw arterial blood <input type="radio"/> Injection through skin <input type="radio"/> Start IV/set-up heparin lock <input type="radio"/> Heparin/saline flush <input type="radio"/> Cutting <input type="radio"/> Suturing <input type="radio"/> Unknown/NA <input type="radio"/> Other: _____	<input type="radio"/> During use of sharp <input type="radio"/> During disassembling <input type="radio"/> Between steps of a multistep procedure <input type="radio"/> After use & before disposal of sharp <input type="radio"/> While putting sharp into disposal container <input type="radio"/> Sharp left in inappropriate place <input type="radio"/> Other: _____

<p>BODY PART</p> <input type="radio"/> Finger <input type="radio"/> Face/head <input type="radio"/> Hand <input type="radio"/> Torso <input type="radio"/> Arm <input type="radio"/> Leg <input type="radio"/> Other _____	<p>IDENTIFY SHARP INVOLVED</p> Type: _____ Brand: _____ Model: _____ e.g., 18g needle/ABC Medical/"no stick" Syringe	<p>DID DEVICE HAVE ENGINEERED SHARPS PROTECTION?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know Was the protection mechanism activated? <input type="radio"/> Yes - fully <input type="radio"/> Yes – partially <input type="radio"/> No Did the exposure incident occur <input type="radio"/> Before <input type="radio"/> During <input type="radio"/> After activation
--	--	---

<p><i>Exposed Employee.</i> If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury? <input type="radio"/> yes <input type="radio"/> no Explain: _____</p>	<p><i>Exposed Employee.</i> Do you have an opinion that any other engineering, administrative, or work practice could have prevented the injury? <input type="radio"/> yes <input type="radio"/> no Explain: _____</p>
--	--

Corrective Action Plan (provide dates of or for completion): _____

Bloodborne Pathogen Exposure Incident Information

When exposed to another person's blood or OPIM at work by puncture, splash or other percutaneous wounds with a contaminated instrument or by contact with blood and/or OPIM on broken skin or mucous membranes:

- **First wash area carefully with soap and water, as soon after exposure as possible or flush (eyes, nose & mouth) with water for at least 15 min.**
- **Report your injury to your supervisor and by calling the 24 Hour Work Injury Hotline (805) 662-6700.**
- **Call Employee Health Services (805) 654-3813 or the VCMC Hospital Emergency Room (ER) (805) 652-6165 to let us know you are coming in.**

WHAT TO EXPECT IN EMPLOYEE HEALTH SERVICES/VCMC ER

When first seen by a doctor or nurse in the Employee Health Services/VCMC ER, you will be asked to fill out a standard "Doctors First Report of Occupational Injury or Illness" form (sections 5-17).

Before leaving the Employee Health Services/VCMC ER, check off each of the items below, to be sure that all have been done:

- 1. **Vaccine review.** Have you had tetanus vaccine within the past 10 ys? Have you completed the hepatitis B Vaccine series?
- 2. **Identity the source** (if known), who is the source of the blood exposure. The source's doctor will be notified to request the patient's permission to be tested for HIV, syphilis, hepatitis B and hepatitis C.
- 3. **Have an injection of the hepatitis B Immune Globulin** unless you have completed the hepatitis B Vaccine series before this exposure. (Some physicians will suggest you wait until the results of the source's blood tests are known before giving you immune globulin. Keep in mind that these results may come back too late for you to benefit from the immune globulin. It is safer to go ahead and have hepatitis B immune globulin if you haven't had the series of three hepatitis B vaccinations.)
- 4. **Have a baseline HIV (AIDS) test and hepatitis C tests.** Follow-up tests will be done at **6 wks, 3 and 6 months** following your initial medical evaluation. Use forms for this available from Employee Health Services (ext. 3813).
- 5. **Have a hepatitis B surface antibody titer.** This will prove you are immune if you've already had the vaccine, or establish a baseline if you are just starting the series.
- 6. **Have a Syphilis baseline test done.** Follow-up tests or treatment will be done based on the results.
- 7. **You will be asked to practice "safe sex"**, abstaining from sex or using a condom when having sex until **the results of the 6 month tests are found to be negative.** This will protect your loved ones from possible exposure to diseases from you.
- 8. **FORMS:**
 - Doctor's First Report of Occupational Injury or Illness
 - Bloodborne Pathogen Exposure Prophylaxis Information
 - Bloodborne Pathogen Exposure Information -
 - Postexposure Prophylaxis (PEP) Information Form Permits

SUMMARY

BLOODBORNE PATHOGEN EXPOSURE → wash with soap and water →NOTIFY SUPERVISOR →CALL 24-HOUR HOTLINE X 6700→ go to Employee Health Services or VCMC ER for medical treatment (call first) → have blood tests, hepatitis B immune globulin, vaccinations → practice "safe sex" until you know you're okay (for 6 months).

Information Given By:

Name

Signature

Patient's Name Printed

Patient's SSN#

Signature

CONSENT FOR THE HIV ANTIBODY BLOOD TEST

PATIENT: _____

DATE OF BIRTH: _____

I am consenting to have my blood tested to see whether I have been infected with the human immunodeficiency virus (HIV), which is the probable causative agent of Acquired Immune Deficiency Syndrome (AIDS). I understand that the test is performed by withdrawing blood and using a substance to test the blood.

THE MEANING OF THE TEST

This blood test is not a test for AIDS but only for the antibodies to HIV. Being infected with HIV does not mean that I have AIDS or that I will have AIDS or other related illnesses. Other factors must be reviewed to determine whether I have AIDS.

Most test results are accurate, but sometimes the results are wrong or uncertain. In some cases the test results may indicate that the person is infected with HIV when the person is not (*false positive*). In other cases the test may fail to detect that a person is infected with HIV when the person really is (*false negative*). Sometimes, the test cannot tell whether or not a person is infected at all. If I have been recently infected with HIV, it may take some time before a test will show the infection. For these reasons, I may have to repeat the test.

CONFIDENTIALITY

California law limits the disclosure of my HIV test results. Under the law, no one but my doctor and other care givers are told about the test results unless I give specific written consent to let other people know. Additionally, doctors may inform my spouse, any sexual partner(s) or needle-sharing partner(s), or the county health officer if the doctor thinks that is necessary. All information relating to this test is kept in my medical record.

BENEFITS AND RISKS OF THE TEST

The test results can help me make better decisions about my health care and my personal life. The test results can help me and my doctor make decisions concerning medical treatment. If the results are positive, I know that I can infect others and I can act to prevent this.

Potential risks of the test include psychological stress while awaiting the results and distress if the results are positive. Some persons have had trouble with jobs, housing, education or insurance when their test results have been made known.

MORE INFORMATION

I understand that before I decide to take this test I should be sure that I have had the chance to ask my doctor any questions I may have about the test, its meaning, its risks and benefits, and any alternatives to the test.

By my signature below, I acknowledge that I have read and understood the information in this form, that I have been given all of the information I desire concerning the blood test, its meaning, expected benefits, possible risks, and any alternatives to the tests, and that I have had my questions answered. Further, I acknowledge that I have given consent for the performance of a blood test to detect antibodies to HIV.

Date: _____, 19 _____

SIGNATURE

Time: _____

If signed by other than patient, give relationship.*

Witness: _____

LEGAL RELATIONSHIP TO PATIENT

***This consent may be signed by a person other than the patient only under the following circumstances.**

1. The patient is under twelve (12) years of age or, as a result of his/her physical conditions, is incompetent to consent to the HIV antibody blood test; and
2. The person consenting to the test on the patient's behalf is lawfully authorized to make health care decisions for the patient — e.g. an attorney-in-fact appointed by the patient under the Durable Power of Attorney for Health Care; the parent or guardian of a minor; an appropriately authorized conservator; or, under appropriate circumstances, the patient's closest available relative (See the CAHHS Consent Manual, Chapter 2 and 31); and
3. It is necessary to obtain the patient's HIV antibody test results in order to render appropriate care to the patient or to practice preventative measures.

Health and Safety Code Section 199.27.



CONSENT FOR THE HIV ANTIBODY BLOOD TEST

ADDRESSOGRAPH

**VENTURA COUNTY MEDICAL INFECTION CONTROL 2000
HIV-POST-EXPOSURE PROPHYLAXIS**

ZIDOVUDINE PROPHYLAXIS

The average risk of HIV after percutaneous exposure (e.g. needlestick, etc.) to infected blood is approximately 0.4%. Risk after mucous membrane or skin exposure to HIV infected blood is even less. Data from animal and human studies are inadequate to establish the efficacy of Zidovudine for prophylaxis after occupational exposure to HIV.

Zidovudine has been shown in vitro to inhibit replication of some of some retroviruses, including HIV, by interfering with the action of viral RNA dependent DNA polymerase. Among patients with HIV disease Zidovudine has been show to increase the length and quality of life, and to delay disease progression in patients with less advanced disease.

Side Effects

The following have been noted with Zidovudine; headache, weakness, fatigue, nausea, vomiting, diarrhea, decrease in peripheral nerve sensation, muscle pain, decrease in white blood cells, increase in liver enzymes, and pancreatitis (<0.5% of cases). The long-term effects: carcinogenicity (cancer causing potential), mutagenicity (potential to damage cells), or effect upon child-bearing (teratogenicity) are unknown.

Timing

Because invitro studies indicate that human HIV infection may be established in human lymphocytes within hours after exposure, it appears that if a decision is made to use post exposure prophylaxis, prophylaxis should be started promptly. Zidovudine is used for post exposure prophylaxis without anti-viral medication.

Drug Interactions

Adverse interactions may occur if the following drugs are taken during Zidovudine administration: Dapsone, pentamidine, amphotericin B, flucytosine, vincristine, vinblastine, indomethacin, and phenytoin.

I have read the Zidovudine prophylaxis information. I understand that the efficacy of Zidovudine prophylaxis is unknown. I understand that the ideal dosage schedule is unknown.

LAMIVUDINE PROPHYLAXIS

Data from animal and human studies are inadequate to establish the efficacy of lamivudine for prophylaxis after occupational exposure to HIV. Lamivudine has been shown in vitro to inhibit replication of some retrovirus, including HIV, by interfering with the action of viral RNA dependent DNA polymerase.

Among patients with HIV disease Lamivudine has been shown to increase the length and quality of life, and to delay disease progression in patients with less advanced disease.

Side Effects

The following have been noted with Lamivudine are headache, weakness, fatigue, nausea, vomiting, diarrhea, devrease in peripheral nerve sensation, muscle pain, decrease in white blood cells, increase in liver enzymes, and pancreatitis (<0.5% of cases). The long-term effects: carcinogenicity (cancer causing potential), mutagencity (potential to damage cells), or effect upon child-bearing (teratogenicity) are unknown.

Timing

Because invitro studies indicate the human HIV infection may be established in human lymphocytes within hour after exposure, it appears that if a decision is made to use post exposure prophylaxis, prophylaxis should be started promptly.

**VENTURA COUNTY MEDICAL CENTER INFECTION CONTROL 1998
HIV-POST-EXPOSURE PROPHYLAXIS**

LAMIVUDINE PROPHYLAXIS

The average risk of HIV after percutaneous exposure (e.g. needle stick) to infected blood is approximately 0.4%. Risk after mucous membrane or skin exposure to HIV infected blood is even less. Data from animal and human studies are inadequate to establish the efficacy of Lamivudine for prophylaxis after occupational exposure to HIV. Lamivudine has been shown *in vitro* to inhibit replication of some retrovirus, including HIV, by interfering with the action of viral RNA dependent DNA polymerase.

Among patients with HIV disease Lamivudine has been shown to increase the length and quality of life, and to delay disease progression in patients with less advanced disease. Data from animal studies utilized non-human retrovirus having pathogenic mechanisms different from the pathogenesis of HIV in humans. The animal studies must be interpreted with caution. HIV infection was not prevented in any animal study although the course of infection was altered.

Side Effects

Some side effects with lamivudine are headache, weakness, fatigue, nausea, vomiting, diarrhea, decrease in peripheral nerve sensation, muscle pain, decrease in white blood cells, increase in liver enzymes, and pancreatitis (<0.5% of cases). The long term effects: carcinogenicity (cancer causing potential), mutagenicity (potential to damage cells), or effect upon child-bearing (teratogenicity) are unknown.

Timing

Because *in vitro* studies indicate the human HIV infection may be established in human lymphocytes within hour after exposure, it appears that if a decision is made to use post exposure prophylaxis, prophylaxis should be started promptly. Optimum time period is within four (4) hours of exposure.

Schedule (revised 4/98)

Lamivudine (Epivir) 150mg taken twice a day (BID). No dietary restrictions.

Follow-up

Follow-up with HIV tests, after a negative baseline, at 6 weeks, 12 weeks, and 6 months are needed.

Drug Interactions

Zidovudine levels may be increased if used concurrently with lamivudine. Timethoprim/sulfamethoxazole may increase the level of lamivudine, if used concurrently, lamivudine used together with didanosine (DDI) or Zalcitabine (DDC) or Stravudine (DHT) may increase the abnormalities associated with peripheral nerves and pancreatitis.

I have read the Lamivudine prophylaxis information. I understand that the efficacy of Lamivudine prophylaxis is unknown. I understand that the ideal dosage schedule is unknown. I understand that there are diverse opinions among physician regarding the use of Lamivudine prophylaxis and I:

Decline the prophylaxis. I may change my mind.

I wish to take the Lamivudine Prophylaxis.

Date: _____

Patient Signature

Patient Print name

Witness Signature

Witness (Print Name)

**VENTURA COUNTY MEDICAL CENTER INFECTION CONTROL 2000
HIV-POST-EXPOSURE PROPHYLAXIS**

INDINAVIR PROPHYLAXIS

Indinavir is a protease inhibitor, which inhibits the final design of viral proteins. Indinavir has been shown to increase CD4 counts and to decrease plasma viral RNA in patients with or without prior AZT therapy in a 24 week follow-up period

Side Effects

The following that have been noted with Indinavir are nausea, vomiting, diarrhea, insomnia, increased liver enzymes, dose related increase in bilirubin associated with liver and gallbladder disease, and kidney stones (patient needs to take at least 48 ounces of water with med). The long term effects carcinogenicity (cancer causing potential), mutagenicity (potential to damage cells), or effect upon child-bearing (teratogenicity), are unknown.

Timing

Because invitro studies indicate that human HIV infection may be established in human lymphocytes within an hour after exposure, it appears that if a decision is made to use post exposure prophylaxis, prophylaxis should be started promptly.

Drug Interaction

Indinavir increases one level of Rifabutin and Rifabutin may decrease the level of Indinavir. The dose of Rifabutin may need to decrease by 50%. Ketoconazole may increase the level of Indinavir. Indinavir should be administered 1 hour apart from Didanosine on an empty stomach. Avoid using Rifampin, Hismanal, Propulsid, and Versed while using Indinavir.

I have read the Indinavir prophylaxis information. I understand that the efficacy of Indinavir prophylaxis is unknown. I understand that the ideal dosage schedule is unknown. I understand that there are diverse opinions among physicians regarding the use of Indinavir prophylaxis and I:

- 1. _____ Decline the prophylaxis. I may change my mind.

- 2.
 - A. _____ I will take the Indinavir as prescribed with the other meds.

 - B. _____ I will take the zidovudine and lamuridine prophylaxis as proscribed without Indinavir.

Date: _____

Patient Signature

Patient Print Name

Witness Signature

Witness Print Name

POST EXPOSURE PROPHYLAXIS EMPLOYEE CHECKLIST

1. I have discussed my blood borne pathogen exposure with the physician (name) _____
2. I have read information regarding my risks and the Centers for Disease Control's Guidelines for HIV post exposure prophylaxis (PEP)
3. I accept PEP and have read/signed consents understanding both the risks and the possible benefits.

I decline PEP medications understanding both the risks and possible benefits.
4. I have had my blood drawn and have signed consent for HIV testing
5. I agree to report to Employee Health within 24 hours for followup
6. I understand that barrier contraception or abstinence is recommended until the results of the tests have been returned from my own HIV testing in six months.
7. I will report any "flu" or other similar symptoms to my treating physician prescribing PEP and discuss any problems related to my PEP with my treating physician and/or Employee Health physician.

Signed _____

Date _____

Time _____

Witness _____ (print name)

**COPY TO EMPLOYEE
COPY TO MEDICAL RECORD**

COMPLETE BEFORE PERSON LEAVES E.R.

Appendix D

BPECP

- ▶ BPECP Program Administrator Checklist
- ▶ BPECP Manager/Supervisor Checklist
- ▶ BPECP Employee Checklist

Bloodborne Pathogens Exposure Control Plan Manager/Supervisor Evaluation

Agency: _____

Department/Division: _____

Building Address: _____

Date: _____

"X" all that apply. If "?" provide notes in § J. If Item is not applicable, write "NA" in "?" column. Leave no blanks.

Yes	No	NA	ITEM
/////	////	/////	A. Exposure Control Plan/Determinations
			(a) Have any employees been exposed to blood or OPIM ? (write # & actions taken in § J)
			(b) Do you have a copy of the Infectious Disease Control Plan §2.0 BPECP?
			(c) Do you have Cat. 1 job classifications where all employees have occupational exposure and are they up to date ?
			(d) Do you have Cat. 2 job classifications where some employees have occupational exposure & are they up to date?
			(e) Are the Cat. 2 job classification list of tasks & procedures where employees have occupational exposure up to date?
			(f) Is a copy of the BPECP accessible to all employees?
/////	////	/////	B. Methods Of Compliance
			(a) Are Universal Precautions observed?
			(b) Engineering controls used to minimize employee exposures? If yes, list examples in § I, Notes
			(c) Work practice controls used to minimize employee exposures?
			(d) Are engineering controls evaluated & updated on a regular schedule to ensure their effectiveness?
			(e) Are work practice controls evaluated & updated on a regular schedule to ensure their effectiveness?
			(f) Do needless systems, devices, & non-needle sharps used comply with CCR Title 8 § 5193(d)(3)(A)?
			(g) Are there procedures in place to prevent the use of prohibited practices?
			(h) Are the requirements for handling contaminated sharps being used?
			(i) Do the sharps containers used meet physical design requirements?
			(j) Is regulated waste handled, stored, treated, and disposed of per regulations?
			(k) When a sharps container is moved for disposal is it closed immediately, placed in a secondary container if leakage possible, and disposed when 2/3 full and per regulations?
			(l) Are other regulated waste containers design & handled per regulation?
			(m) Are potentially infectious specimens put in leakproof containers and managed per regulation?
			(n) Is contaminated equipment examined, decontaminated as necessary, labeled, & information about remaining contamination conveyed as appropriate?
			(o) Is there a written schedule for cleaning & decontamination of the worksite?
			(p) Is the method of cleaning or decontamination effective & is facility clean & sanitary?
			(q) Are worksites, equipment, & work surfaces cleaned & decontaminated after contact with blood or OPIM no later than the end of the shift or per specific requirements?
			(r) Are hand washing facilities easily available to employees? If no, antiseptic hand cleansers, towelettes available?
			(s) Do employees wash hands after removal of PPE?
			(t) Do employees wash hands after contacting blood or other potentially infectious materials?
			(u) Laundry
			(1) Minimal handling & agitation?
			(2) Bagged/containerized at the location where it is used?
			(3) Labeled appropriately?
			(4) Are bags/containers leakproof?
			(5) Is contaminated laundry handled with gloves & other appropriate PPE?
/////	////	/////	C. Personal Protective Equipment (PPE)
			(a) Is appropriate PPE provided to employees ?
			(b) Is PPE used properly & consistently?
			(c) PPE accessible in the worksite?
			(d) Is PPE correct size & fit properly?
			(e) Is the PPE clean & in good repair?
			(f) PPE stored properly after use?
			(g) Masks, eye protection, & face shield worn when there is reasonable anticipated splashing, spray, spatter or droplets of potentially infected material?

Yes	No	NA	(h) Gowns, aprons, & other protective body covering worn when appropriate?
			ITEM
			(i) Gloves
			(1) Used when exposure to blood or OPIM can reasonably be anticipated?
			(2) Single use gloves disposed of when barrier is compromised or after one use?
			(3) Reusable utility gloves inspected & decontaminated effectively?
			(4) Glove use for voluntary blood donation? --
			(5) Are gloves available to phlebotomists?
			(6) Gloves required when employee has cuts, etc. on their skin?
			(7) Gloves required when employee has uncooperative source individual?
			(8) Gloves required when employee is receiving training?
//////	////	//////	D. Hepatitis B Vaccination
			(a) Is vaccination available at no cost to employees
			(b) Have employees who declines to accept the vaccination signed Declination Statement?
			Note: The exemption for first aid responders where such response is a collateral duty.
//////	////	//////	E. Post Exposure Evaluation & Follow-Up
			(a) When employee declines post exposure eval. from employer Health-Care professional are other provisions made?
			(b) Routes of entry & circumstances documented?
			(c) Are procedures for identification & documentation of source in place?
			(d) Are evaluation & follow-up procedures in place?
//////	////	//////	F. Labels & Signs
			(a) Warning labels affixed to all containers of regulated waste including regulated waste red bags?
			(b) If labels are used: Do they have the BIOHAZARD legend (symbol)?
			(c) Are warning labels orange or red orange with lettering in contrasting color?
			(d) Are the warning labels affixed to the container of regulated waste?
			(e) Is contaminated equipment labeled?
//////	////	//////	G. Information & Training
			(a) Is training given to all exposed employees?
			(b) Is training given at time of initial assignment (within 10 days of hire) ?
			(c) Is training given at least annually after initial training?
			(d) Is training given when changes in tasks or procedure occur?
			(e) Is training given at appropriate level for employees education level & language?
			(f) Does the training include the BPECP requirements?
			(g) Are training records maintained in Agency/Department for 3 years?
//////	////	//////	H. Recordkeeping
			(a) Are training records maintained for 3 years?
			(b) Are sharps injury logs maintained for 5 years? -- (h)(3)
			(c) Do training records have the following:
			(1) Dates of the training sessions? -- (h)(2)(A)1
			(2) A summary of the contents of the training sessions? -- (h)(2)(A)2
			(3) The names & qualification of the persons conducting the training? -- (h)(2)(A)3
			(4) The names & job titles of all persons trained? -- (h)(2)(A)4
I. Notes:			

Bloodborne Pathogens Exposure Control Plan Program Administrator Evaluation

Evaluator: _____ Date: _____

"X" all that apply. If "?" provide notes in §I. If item is not applicable, write "NA" in "?" column. Leave no blanks.

Yes	No	NA	ITEM
/////	///	/////	A. Exposure Control Plan/Determinations
			(a) Are employees exposed to blood and OPIM? – CCR Title 8 §5193(c)(1)
			(b) Is there an established, implemented, & maintained BPECP? – (c)(1)(A) & (B)
			(c) Is there a list of Cat. 1 job classifications where all employees have occupational exposure? – (c)(3)(A)(1)
			(d) Is there a list of Cat. 2 job classifications where some employees have occupational exposure? – (c)(3)(A)(2)
			(e) Is there a list of Cat. 2 tasks & procedures where employees have occupational exposure? – (c)(3)(A)(3)
			(f) Does the BPECP contain the 8 specified elements – (c)(1)(B)?
			(g) Is a copy of the BPECP accessible to employees? – (c)(1)(C)
			(h) Is the BPECP reviewed & updated at least annually? – (c)(1)(D)
/////	///	/////	B. Methods Of Compliance
			(a) Are Universal Precautions observed? – (d)(1)
			(b) Engineering controls used to minimize employee exposures? If yes, list examples – (d)(2)(A)
			(c) Work practice controls used to minimize employee exposures? – (d)(2)(A)
			(d) Are engineering controls evaluated & updated on a regular schedule to ensure their effectiveness? – (d)(2)(B)
			(e) Are work practice controls evaluated & updated on a regular schedule to ensure their effectiveness? – (d)(2)(C)
			(f) Do needleless systems, devices, & non-needle sharps used comply with (d)(3)(A)?
			(g) Are there procedures in place to prevent the use of prohibited practices? – (d)(3)(B)
			(h) Are the requirements for handling contaminated sharps being used? – (d)(3)(C)
			(i) Do the sharps containers used meet physical design requirements? – (d)(3)(D)
			(j) Is regulated waste handled, stored, treated, and disposed of per regulations? – (d)(3)(E)1
			(k) When a sharps container is moved for disposal is it closed immediately, placed in a secondary container if leakage possible, and disposed when 2/3 full and per regulations? – (d)(3)(E)2
			(l) Are other regulated waste containers design & handled per regulation? – (d)(3)(E)1 & 3
			(m) Are potentially infectious specimens put in leakproof containers and managed per regulation? – (d)(3)(F)
			(n) Is contaminated equipment examined, decontaminated as necessary, labeled, & information about remaining contamination conveyed as appropriate? – (d)(3)(G)
			(o) Is there a written schedule for cleaning & decontamination of the worksite? – (d)(3)(H)1b
			(p) Is the method of cleaning or decontamination effective & is facility clean & sanitary? – (d)(3)(H)1a&c
			(q) Are worksites, equipment, & work surfaces cleaned & decontaminated after contact with blood or OPIM no later than the end of the shift or per specific requirements? – (d)(3)(H)1d & (d)(3)(H)2
			(r) Are hand washing facilities readily accessible to employees? – (d)(2)(C) If no, are antiseptic hand cleansers, towelettes available? – (d)(2)(D)
			(s) Do employees wash hands after removal of PPE? – (d)(2)(E)
			(t) Do employees wash hands after contacting blood or other potentially infectious materials? – (d)(2)(F)
			(u) Laundry
			(1) Minimal handling & agitation? – (d)(3)(J)1
			(2) Bagged/containerized at the location where it is used? – (d)(3)(J)1a
			(3) Labeled appropriately? – (d)(3)(J)1b & (d)(3)(J)3
			(4) Are bags/containers leakproof? – (d)(3)(J)1c
			(5) Is contaminated laundry handled with gloves & other appropriate PPE? – (d)(3)(g)2
/////	///	/////	C. Personal Protective Equipment (PPE)
			(a) Is appropriate PPE provided to employees? – (d)(4)(A)
			(b) Is PPE used properly & consistently? – (d)(4)(B)
			(c) PPE accessible in the worksite? – (d)(4)(C)
			(d) Is PPE correct size & fit properly? – (d)(4)(C)
			(e) Is the PPE clean & in good repair? – (d)(4)(D)&(E)
			(f) PPE stored properly after use? – (d)(4)(F)3

Yes	No	NA	ITEM
			(g) Masks, eye protection, & face shield worn when there is reasonable anticipated splashing, spray, spatter or droplets of potentially infected material? -- (d)(4)(H)
			(h) Gowns, aprons, & other protective body covering worn when appropriate? -- (d)(4)(I)
			(i) Gloves:
			(1) Used when exposure to blood or OPIM can reasonably be anticipated? -- (d)(4)(G)
			(2) Single use gloves disposed of when barrier is compromised or after one use? -- (d)(4)(G)1 & 2
			(3) Reusable utility gloves inspected & decontaminated effectively? -- (d)(4)(G)3
			(4) Glove use for voluntary blood donation centers? -- (d)(4)(G)4
			(5) Are gloves available to phlebotomists? -- (d)(4)(G)4
			(6) Gloves required when employee has cuts, etc. on their skin? -- (d)(4)(G)4di
			(7) Gloves required when employee has uncooperative source individual? -- (d)(4)(G)4dii
			(8) Gloves required when employee is receiving training? -- (d)(4)(G)4diii
//////	////	//////	D. Hepatitis B Vaccination (note the exemption for first aid responders where such response is a collateral duty)
			(a) Is vaccination available at no cost to employees -- (f)(1)(B)1 & (f)(1)(A)1
			(b) Have employees who declined to accept vaccination signed the County Declination Statement? -- (f)(2)(D)
//////	////	//////	E. Post Exposure Evaluation & Follow-Up
			(a) When an employee declines post exposure evaluation from employer Health-Care professional are other provisions made? -- (f)(1)(A)
			(b) Routes of entry & circumstances documented? -- (f)(3)(A)
			(c) Are procedures for identification & documentation of source in place? -- (f)(3)(B)
			(d) Are evaluation & follow-up procedures in place? -- (f)(3)(B)
			(e) Are medical records kept for each exposed employee? -- (f)(6)
			(f) Is a sharps injury log established & maintained? -- (c)(2)(A thru C)
//////	////	//////	F. Labels & Signs
			(a) Warning labels affixed to all containers of regulated waste including regulated red bags? -- (g)(1)(A)1 & 5
			(b) If labels are used: Do they have the BIOHAZARD legend (symbol)? -- (g)(1)(A)2
			(c) Are warning labels orange or red orange with lettering in contrasting color? -- (g)(1)(A)3
			(d) Are the warning labels affixed to the container of regulated waste? -- (g)(1)(A)4
			(e) Is contaminated equipment labeled? -- (g)(1)(A)8
//////	////	//////	G. Information & Training
			(a) Is training given to all exposed employees? -- (g)(2)(A)
			(b) Is training given at time of initial assignment (within 10 days of hire)? -- (g)(2)(B)1
			(c) Is training given at least annually thereafter? -- (g)(2)(B)2
			(d) Is training given when changes in tasks or procedure occur? -- (g)(2)(E)
			(e) Is training given at appropriate level for employees education level & language? -- (g)(2)(F)
			(f) Does training include, at minimum, the 14 required elements? -- (g)(2)(G)1 thru 14
//////	////	//////	H. Recordkeeping
			(a) Medical records kept for each exposed employee? -- (h)(1)(A)
			(b) Do the records include the following:
			(1) Name & social security number of the employee? -- (h)(1)(B)1
			(2) A copy of employee's HBV vaccination status & related information? -- (h)(1)(B)2
			(3) Follow-up information when applicable? -- (h)(1)(B)3
			(4) Healthcare professional's written opinions? -- (h)(1)(B)4
			(5) A copy of information provided to the healthcare professional? -- (h)(1)(B)5
			(c) Does the County have procedures to insure confidentiality? -- (h)(1)(C)
			(d) Are training records maintained for 3 years? -- (h)(3)(B)
			(e) Are sharps injury logs maintained for 5 years? -- (h)(3)
			(f) Are all medical & training records available for CAL/OSHA upon request? -- (h)(3)(C)
			(g) Do training records have the following:
			(1) Dates of the training sessions? -- (h)(2)(A)1
			(2) A summary of the contents of the training sessions? -- (h)(2)(A)2
			(3) The names & qualification of the persons conducting the training? -- (h)(2)(A)3
			(4) The names & job titles of all persons trained? -- (h)(2)(A)4

Bloodborne Pathogen Exposure Control Program Employee Evaluation

Agency: _____ Department/Division: _____

Building Address: _____ Date: _____

"X" all that apply. If "?", explain in "Notes". If item is not applicable, write "NA" in "?" column. Leave no blanks.

Yes	No	?	Item
			(1) Do you know the job tasks that put you at risk for potential Bloodborne Pathogen Exposure (BPE)?
			(2) Do you use universal precautions, engineering and work practice controls, and appropriate personal protective equipment (PPE) when doing job tasks with potential or actual BPE?
			(3) Is PPE correct size & fit comfortably?
			(4) Is PPE clean & in good repair?
			(5) Do you inspect, clean, maintain, and store PPE properly after each use?
			(6) Do you have trouble using engineered sharps or needleless systems? If yes, explain in Notes.
			(7) Are you aware of any other engineered sharps or needless systems that may be less hazardous? If yes, explain in Notes.
			(8) Do you bend, recap, or shear contaminated needles or sharps after use?
			(9) Do you place sharps in puncture resistant, labeled, leakproof containers and dispose of container when 2/3 full? If not, explain in Notes.
			(10) Are the sharps containers easy to use and do not present an additional hazard? If not, explain in Notes.
			(11) Are you aware of other types of sharps containers that may be less hazardous? If yes, explain in Notes.
			(12) Do you place potentially infectious materials in leakproof labeled containers during handling, processing, storage, transport or shipping?
			(13) Do you follow a specific policy to assure cleaning and disinfection of contaminated surfaces, clean-up of spills, or broken glassware and/or sharps?
			(14) Do you know how to dispose of regulated waste?
			(15) Have you been offered the hepatitis B vaccine?
			(16) Do you know what to do if you have a BPE?
			(17) Have you completed your initial and annual training?
			(18) Have any concerns or questions that need an answer? If yes, write in Notes.
NOTES:			

Appendix E
BPECP

Training Program Elements

Bloodborne Pathogen Exposure Control Plan Training Program Elements

The initial and annual training program is designed to include a minimum of one hour of instruction and discussion by an approved trainer through the Program Administrator. The training program will include the elements listed below.

1. Copy and Explanation of CCR Title 8, §5193. An accessible copy of the regulatory text of CCR Title 8, §5193 and an explanation of its contents;
2. Epidemiology and Symptoms. A general explanation of the epidemiology and job classification bloodborne pathogens injury/illness experience (i.e., a general explanation of the epidemiology to include Agency/Department statistical risk) and discussion of symptoms of bloodborne diseases (HBV, HCV and HIV);
3. Modes of Transmission. An explanation of the modes of transmission of bloodborne pathogens;
4. County's BPEP. An explanation of the County's BPECP and the means by which the employee can obtain a copy of the written plan;
5. Risk Identification. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;
6. Methods of Compliance. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls and personal protective equipment;
7. Decontamination and Disposal. Information on the types, proper uses, location, removal, handling, decontamination, laundering and disposal of personal protective equipment;
8. Personal Protective Equipment. An explanation of the basis for selection of PPE;
9. Hepatitis B Vaccination. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
10. Emergency. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM exposure;
11. Exposure Incident or Occupational Occurrence. An explanation of the procedure to follow if an exposure incident or occupational occurrence occurs, including the method of incident reporting, the medical follow-up that will be made available, and the procedure for recording the incident along with the documents to be filled out (e.g., Sharps Injury Log if applicable).
12. Post-Exposure Evaluation and Follow-up. Information on the post-exposure evaluation and follow-up that the manager/supervisor is required to provide for the employee following an exposure incident or occupational occurrence;
13. Labels. An explanation of the labels and/or color coding required by CCR Title 8, §5193(g); and
14. Interactive Questions and Answers. An opportunity for interactive questions and answers with the person conducting the training session.

3.0 TUBERCULOSIS EXPOSURE CONTROL PLAN

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TBECP Appendix

A – Definition

B – Job Classifications*

* Reference Section 5.0 Job Classifications Risk Categories List

3.1 INTRODUCTION

The County recognizes tuberculosis (TB) exposure as an important issue that impacts how work is done by a large segment of those who do work for the County. To address this impact, this Tuberculosis Exposure Control Plan (TBECP) has been put in place to facilitate protecting the health of those individuals. Contact Risk Management at 654-3197 for a copy of this TBECP.

3.2 SCOPE

TB is an infectious disease caused by the bacteria *Mycobacterium Tuberculosis* (MTB), and is characterized by formation of node like lesions that cause generalized tissue damage, typically in the lungs. When a person with active pulmonary tuberculosis coughs, sneezes, speaks or sings, particles that may have viable MTB are expelled. The smaller particles are carried in normal air currents and remain airborne for hours until they are removed by ventilation, high-efficiency particulate air (HEPA) filters, or are destroyed by sunlight. Transmission of TB occurs when a susceptible person inhales particles containing viable MTB bacillus. However, anyone who breathes air-containing MTB is at risk of acquiring infection.

Ventura County averages less than 70 reported active cases of TB/per year. Over 2,000 individuals have the potential to come in contact with air containing MTB while performing work for the County. The risk of occupational airborne contact with MTB, however, varies depending on the job tasks of each individual.

This TBECP gives structure and provides a framework to assist managers/supervisors to protect workers from exposure to a confirmed smear positive, unmedicated, or highly suspected TB case. It sets mandatory criteria, establishes a determination of applicability, and specifies procedures and sources of information for identified work activities with potential for TB exposure. It must be remembered that effective TB exposure control is a multi-component procedure involving the design and implementation of engineering and administrative controls including changes in work practices; use of personal protective equipment including approved respirators; early recognition of TB symptoms followed by prompt medical evaluation; respiratory isolation; and antibiotic treatment of confirmed or suspect TB cases.

3.3 APPLICABILITY

Agency/Department employee job classifications are categorized by exposure determination (i.e., the degree of risk of TB transmission) into five categories listed below (see Appendix B for listing). Categories 1, 2, and 3 job classifications are to follow all aspects of this plan. Category 4 job classifications need to be aware of the TBECP and need baseline TB test screen/TB evaluation. Category 5 job classifications, which are listed in Section 5, have no specific requirements in this plan. Managers/Supervisors must coordinate with Risk Management on any changes in exposure levels or job tasks.

Category 1 - those with high risk in which: (1) the Purified Protein Derivative (PPD) test conversion rate is greater than for areas or groups where occupational MTB exposure is unlikely or than for past conversion rates for the same area or group, and epidemiological evaluation suggests nosocomial transmission; or (2) there is a cluster of PPD test conversions and epidemiological evaluation suggests nosocomial transmission, or (c) possible person-to-person MTB transmission has been detected.

Category 2 - those with moderate risk in which: (1) the PPD test conversion rate is not greater than that for areas or groups where occupational MTB exposure is unlikely or than the previous conversion rates for the same area or group; (2) there are no clusters of PPD test conversions, (3) person-to-person MTB transmission has not been detected; and (4) six or more patients with active TB are examined or treated each year.

Category 3 - those with low risk in which: (1) the PPD test conversion rate is not greater than that for areas or groups where occupational MTB exposure is unlikely or than previous conversion rates for the same area or group; (2) there are no clusters of PPD conversions; (3) person-to-person MTB transmission has not been detected; and (4) less than six active TB patients were examined or treated per year

Category 4 - applies to entire facilities or job classification with very low risk in which: (1) clients or patients with active TB are not admitted to inpatient areas, but may receive initial assessment and diagnostic evaluation or outpatient management in outpatient areas (e.g., emergency room or ambulatory care) and (2) clients or patients who may have active TB and need inpatient care are promptly referred to a collaborating facility.

Category 5 - those with minimal risk in which exposure risk is no greater than the general public.

3.4 RESPONSIBILITIES

3.4.1 Program Administrator - General Services Agency/RiskManagement

Risk Management is the Program Administrator. The Program Administrator has authority and overall responsibility for the design, implementation, interpretation, and revision of the TBECF. Duties include:

- a. Direct and plan an effective TBECF program County-wide.
- b. Coordinate TB exposure control needs with Agencies/Departments by providing appropriate professional and technical resources.
- c. Approve all aspects of this TBECF and any changes hereto.
- d. Recommend engineering and administrative controls as needed and determine which job classifications and job tasks are to be included in this TBECF.
- e. Ensure the Licensed Health Care Professional (LHCP) has a copy of this TBECF, and after an exposure incident provide LHCP: (1) a description of the exposed employee's duties allied with the incident; (2) documentation of the exposure and surrounding situation; (3) the source person's TB status, if known, or a contact to request same; and (4) all medical records relevant to the appropriate treatment of the employee including PPD status that are the employer's responsibility to maintain.
- f. Obtain and provide the employee a copy of the LHCP's written opinion within 15 days of the completion of the exposure evaluation.
- g. Arrange for and/or conduct initial (within 10 days of hire/transfer) and annual (conducted as close to the previous annual test date as possible) training.
- h. Evaluate the TBECF's overall quality and effectiveness by reviewing each Agency/Department's procedures yearly, and making recommendations as required per Agency/Department evaluation.
- i. Maintain required records.

3.4.2 TB Exposure Control Health Care Management

LHCPs authorized and/or administered by the Program Administrator provide services for health maintenance, medical surveillance, and exposure care. The Program Administrator shall use resources from the *County of Ventura Authorized Medical Panel* of providers and Workers' Compensation consultants to:

- a. Provide PPD screen tests and TB conversion evaluation as needed.
- b. Advise an employee following an exposure incident that s/he may refuse post-exposure evaluation and follow-up from County's chosen healthcare professional. If consent is refused, notify Risk Management and make immediately available to the exposed employee/s a confidential medical evaluation and follow-up from a LHCP other than from the County's Employee Health Service or one connected with their Agency/Department for post-exposure follow-up care. Provide a copy of this TBECF, a description of the circumstances surrounding the exposure and a copy of any pertinent medical records including TB tests or chest x-rays as available to the employee designated LHCP.
- c. Provide a written opinion 15 days after an exposure incident to the Program Administrator to include post-exposure evaluation and follow-up. The opinion shall be limited to whether the employee has been informed of the evaluation results, and whether the employee has been told about any medical conditions resulting from TB exposure that need further evaluation or treatment. All other findings or diagnoses shall remain confidential and not be included in the written opinion.
- d. Maintain medical evaluations, exposure data, and related TBECF documentation in medical records per CCR Title 8 §3204 ensuring appropriate notification and documentation of exposure medical evaluation (including test results), work limitations and counseling.
- e. Coordinate with the Program Administrator for hazard evaluations or training deficiencies noted.

3.4.3 County Executive Office (CEO)/Human Resources

The CEO/Human Resources shall ensure TB exposure potential is incorporated into job descriptions of specified job classifications through Human Resources Division/Classifications and Agency/Department personnel representatives.

3.4.4 General Services Agency (GSA) Procurement Services

GSA Procurement Services shall ensure that equipment suppliers have proper specifications for TBECF related items, and ensure PPE and engineering control items are readily available.

3.4.5 Agencies

3.4.5.1 Management

Management is responsible for ensuring the TBECF has an approved budget to meet the needs of the agency. Costs associated with implementation, development, maintenance, and compliance with TB exposure control are the agency/department responsibility. Duties of management include:

- a. Coordinate with the Program Administrator to identify at risk job classifications and tasks;
- b. Coordinate with LHCPs for PPD screen tests/TB evaluation, medical evaluations, and exposure care;

- c. Comply with the Centers for Disease Control's (CDC) recommended ventilation engineering controls for preventing the transmission of TB in health care and correctional facilities if involved in housing or isolating individuals with suspected or confirmed TB disease;
- d. Implement TBECF and submit annually to the Program Administrator for review any changes in exposure risk potential or job tasks or specific methods of compliance;
- e. Annually assess the program for overall effectiveness by evaluating Agency/Department program through periodic inspection of engineering/administrative controls and protective equipment, ensuring training has been conducted per Appendix D, and maintain training records; and
- f. Follow-up and take corrective action after all exposure incidents to resolve deficiencies promptly.

3.4.5.2 Managers and Supervisors

Managers/supervisors shall ensure that this TBECF is implemented in their areas. In addition to being knowledgeable about the TBECF for their own protection, supervisors must ensure that the TBECF is understood and followed by those in their charge. Duties include:

- a. Ensuring work activities within area of responsibility have been surveyed for TB exposure potential and identified by job classification (hazard evaluation), and exposure history.
- b. Continually monitoring job tasks to identify new or unrecognized TB exposure hazards.
- c. Being knowledgeable about TB and how this issue impacts employees (i.e., know exposure incident trends and injury rates).
- d. Using resources and programs available within the County and through the Program Administrator to address TB concerns or needs.
- e. Ensuring they and those they direct follow this program, receive and document TBECF training and PPD test screen/TB evaluation prior (i.e., within 10 days of hire or transfer) and yearly (as close to the previous annual test date as possible) to carrying out work tasks with TB exposure potential.
- f. Verifying all reported exposure incidents along with taking action to prevent reoccurrence.
- g. Processing Employer's Report of Injury as needed (see Appendix C).
- h. Ensuring prompt follow-up is provided for employees and/or those involved.
- i. Providing budgetary resources to ensure information/training and control measures are available to those they direct.
- j. Conduct monthly inspections of engineering and work practice controls to ensure use as intended.
- k. Completing a Manager/Supervisor Evaluation semi-annually or as otherwise required.

3.4.5.3 Employees

Employees are responsible to use the control measures, wear PPE, and follow the *Methods of Compliance* (IDCP §3.5 below) when and where required and in the manner they were trained. Duties include:

- a. Understanding and participating fully in the TBECF.
- b. Using engineering/administrative controls established and reporting problems to managers/supervisors.
- c. Using all PPE as outlined in established procedures.
- d. Participating in initial (within 10 days of hire or transfer) and annual TBECF training.
- e. Reporting all exposure incidents immediately to managers/supervisors.
- f. Evaluating their TBECF participation and use of control measures semi-annually via checklist (see Appendix D) or as required by the Program Administrator.

3.5 METHODS OF COMPLIANCE

The following controls and work practices will be adhered to when a highly suspect or exposure source TB case is being cared for or provided service based on job classification, hazard evaluation (exposure determination), and exposure history. Other engineering or administrative controls and personal protective equipment (PPE) will be implemented as needed per Program Administrator review and approval.

3.5.1 Engineering Controls

Engineering controls per CDC recommendations, building and health occupancy codes and/or applicable regulations will be used before relying on PPE to prevent exposure to TB. Engineering controls will be employed wherever physically and financially practical to reduce or eliminate the TB hazard. Engineering controls include and are to be used as described:

- a. Use local exhaust ventilation to capture aerosolized TB at its source with high-risk medical procedures (HRMP). HRMP means aerosolized pentamidine administration, sputum induction, or any of the following if performed on a suspect or confirmed infectious TB case: (1) bronchoscopy, (2) tissue handling procedures, (3) operative procedures (tracheotomy, etc.), (4) respiratory care procedures, and (5) other aerosol treatments, cough-inducing procedures, or aerosol-generating procedures
- b. Atmospheric isolation using general ventilation with a higher exhaust-air flow rate than the room's supply-air flow rate to create negative pressure delivering at least 6 air changes/hour (i.e., for areas built prior to 1996) or ≥ 12 air changes/hour (i.e., for areas built or renovated since 1996) in the room or cell to isolate the highly suspect or exposure source case.
- c. HEPA filtration via portable or fixed HEPA units that can effectively create ≥ 12 air changes/hour in a room or booth is to be used where air is recirculated from highly suspect or exposure source case areas and the areas are infeasible to exhaust air directly outside the building.

Engineering controls are to be verified after installation, renovation, and semi annually and/or annually by an industrial hygienist based on system used. Each system needs to be checked daily for operational capability and maintained per manufacturer's recommendations along with monthly documented checks.

3.5.2 Safe Work Practices

These practices will reduce TB transmission risk, but are not substitutes for good engineering controls.

- a. Conduct all interviews within areas identified with at risk job classifications using the TB Screening Protocol that is to be reviewed and approved yearly by the Public Health Department. If the individual fails the TB Screening Protocol, the interview must be rescheduled or the individual isolated until Public Health or other medical staff is consulted. (Public Health has two isolation areas: Oxnard - Room 6 (D-107) and Ventura - Room 19B).
- b. Use standard and airborne precautions (e.g., engineering controls and PPE) for all suspect and known active TB cases who have not completed therapy until they are determined to be non infectious. (Public Health Department will conduct contact investigations on all confirmed infectious TB cases.)
- c. Ask everyone to cover their mouth and nose with a tissue or similar item when they cough, sneeze or expectorate. Have tissues available and dispose of them in the regular trash receptacles.

- d. Minimize time in enclosed areas (office, vehicle, patient room, etc.) with someone suspected of having TB. Never assume the room's ventilation will lower MTB air concentration. If possible, move person to an approved isolation area or outside where the sun's UV light can help to kill TB germs.
- e. Transport suspect or known TB individuals in a vehicle using appropriate PPE (at minimum) air-purifying respirators (i.e., N100 half mask air-purifying respirator) when engineering controls are unavailable in the vehicle. The individual should be asked to wear a surgical type mask to trap MTB at its source. Also have the windows rolled down with interior vents open. If the air conditioner is used, keep on NORMAL/outside air mode to bring in outside air. The suspect TB contact should remain in the back seat and vents be aimed toward the employee.
- f. Schedule appointments for highly suspect and active TB cases to attend the TB Clinic to avoid exposing HIV infected or otherwise severely immunocompromised persons to MTB.
- g. Schedule cleaning and maintenance of isolation rooms, booths, and air handling systems after a suspect or active TB case has been out of the room or booth for at least an hour or until a complete cycle of air exchange has occurred in the room or booth per known or manufacturer's recommendations.
- h. Contact the Public Health Department, Tuberculosis Clinic at 652-5924 or Employee Health Services at 654-3813 to ask any questions about TB prevention.

3.5.3 Personal Protective Equipment (PPE)

PPE shall be used based on job tasks and exposure potential as in IDCP § 3.3. Additionally, respiratory protection per the County's Respiratory Protection Program will be used in the following situations:

- a. Performing High-Risk Medical Procedure (HRMP) or in the room where a HRMP is being done.
- b. Entering an isolation area, room, or booth if it is occupied or has been occupied within the last hour by a suspect or an infectious TB case.
- c. Transporting in a vehicle occupied by an employee and a suspect or known infectious TB case.
- d. Providing care or service in the presence of a suspect or infectious TB case.
- e. Maintaining or changing HEPA filters in isolation booths or systems.

3.6 EMPLOYEE HEALTH SURVEILLANCE

Employees requiring *new hire* and/or *periodic* health surveillance shall receive written notice of test results, its interpretation, and the statement "HIV and other medical conditions may cause a PPD skin test to be negative even when TB infection is present". Note that all medical records are kept confidential and not disclosed or reported without employee's written consent to *any* person except as legally required.

3.6.1 New Hire

New employees following an offer of employment by the employing agency/department in Category 1-4 job classification will have a physical to include a two-step TB skin test to minimize the booster phenomenon. Employees with prior history of positive PPD will have a baseline chest X-ray. See *Definitions* (Appendix A) for two-step TB skin test. A record of these results will be on file in the employee medical file.

3.6.2 Periodic

- a. All employees in Category 1-3 job classifications shall receive a PPD skin test annually.

- b. Employees with a history of positive PPD should fill out a TB screening evaluation and questionnaire each year at the time their PPD would normally be due, and are to have a chest x-ray only if they become symptomatic or at the discretion of the screening clinician.
- c. Employee PPD testing results will be sent to Employee Health Services. The employee will be sent for consultation and referral for necessary treatment to one of the County of Ventura Authorized Medical Panel members through GSA Risk Management.

3.7 POST-EXPOSURE EVALUATION AND FOLLOW-UP

3.7.1 General Information.

Post-exposure evaluation and follow-up will be done by the *County of Ventura Authorized Medical Panel* of providers or Workers' Compensation consultants for each individual involved in a TB exposure incident. Contact Risk Management at 654-3197. **Note:** If Ventura County Medical Center emergency room or other health care facility does initial evaluation, the employee should report to HCA/Employee Health Services the next duty day. If evaluation is refused through County's chosen healthcare professional, the employee needs to sign a declination statement filed in the employee's health record. LHCP reports declination to Risk Management at 654-3197. The employee must submit to Risk Management and Agency/Department proof of medical evaluation within 10 working days of exposure incident or exposure incident notification.

The Agencies/Departments will ensure that all medical evaluations and procedures including initial and annual screen tests, the post-exposure evaluation and follow-up, including prophylaxis, are:

- a. Made available at no cost to the employee;
- b. Made available to the employee at a reasonable time (within 24 hours of exposure) and place;
- c. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
- d. Provided per U.S. Public Health Service recommendations when these evaluations and procedures take place and all lab tests are by an accredited laboratory.

3.7.2 Specific Procedures.

Employees are to report a TB exposure incident as soon as possible, preferably within 8 hours of the incident, but no later than the end of a work shift.

- a. *Exposure Incident.* Exposure Incident is based on employees having an "exposure" (see Appendix A). Managers/Supervisors assess the facts of the employee's occurrence and determine if exposure incident has happened. Next, document the exposure incident on the Employer's Report of Occupational Injury or Illness Form detailing the following: the circumstances under which the incident occurred and identification of the source individual, unless prohibited.
- b. *Post-exposure care and follow-up.* Following a report of an exposure incident, the Agency/Department shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:
 1. The manager/supervisor shall document the circumstances under which the exposure incident occurred on the Employer's Report of Occupational Injury or Illness Form;

2. The manager/supervisor shall identify and document the source individual, unless they can establish that identification is infeasible or prohibited by state or local law;
 - (a) The source person's TB infectivity is unknown but highly suspect, referral for confirmation will be made by LHCP.
 - (b) When the source person is known to be infected with TB, no source testing is required. Confirmation can be obtained on specimens already available, or through a review of the source individual's medical record if testing has already been done.
3. The manager/supervisor shall ensure that the employee is directed to the appropriate LHCP for post exposure follow-up including:
 - (a) Administration of a PPD test within seven days from the date of notification of the exposure incident. If initial test is negative, a second test will be done 12 weeks post-exposure to determine if an infection has occurred.
 - (b) Completion of an exposure incident questionnaire by those with a previously documented positive PPD. Clinical evaluation is not required unless symptoms suggestive of TB occur. (NOTE: Employees who are previous PPD reactors who have been exposed to TB will be evaluated as to symptoms and immune function at the discretion of the evaluating physician in consultation with the Public Health Officer.)
4. The County will provide for clinical evaluation, chest x-ray, further tests, and post-exposure prophylaxis, when medically indicated (e.g., conversion of PPD from negative to positive), as recommended by the U.S. Public Health Service Centers of Disease Control and Prevention and per Public Health protocol through the *County of Ventura Authorized Medical Panel* of providers or Workers' Compensation consultants per the Program Administrator; and
5. All employee occupationally related PPD skin test conversions will be handled as worker compensation claims and all County procedures for processing such claims will be followed. Employee conversions from a negative PPD to a positive PPD will be noted on the CAL/OSHA 200 Log. Contact Risk Management regarding questions concerning claims or CAL/OSHA 200 reporting. The County provides for counseling and evaluation of reported illnesses through the *County of Ventura Authorized Medical Panel* of providers or workers' compensation consultants per the Program Administrator. (EXCEPTION: If it can be demonstrated that the conversion or TB case is not work-related, reporting as a workers' compensation claim is not required.)

3.8 COMMUNICATION OF HAZARDS

3.8.1 Signs

Airborne isolation warning signs will be posted when isolation rooms, booths, vehicles or areas are being occupied by highly suspect or known infectious TB cases.

3.8.2 Training

Agencies/Departments can arrange for TB awareness training for Category 5 employees through Risk Management. All employees in Categories 1-4 risk shall receive comprehensive training initially (within 10 days of hire) and annually. The training program shall contain, at a minimum, the following elements:

- a. A synopsis of the TBECF including management and employee responsibilities under the plan and the means by which employees can obtain a copy of the TBECF;

- b. The basic concepts of TB transmission, including the difference between TB infection and active TB disease, the signs and symptoms of TB disease, and the prospect of re-infection of those with a positive PPD and high risk tasks;
- c. Use and limitations of engineering and administrative controls and PPE (respiratory protection) to prevent TB exposure;
- d. Lay terminology explanation of TB screening and chemoprophylaxis, including the significance of a positive PPD result or positive chest x-ray; and,
- e. The department shall retain training records for at least three years from date of initial training and annual refresher training.

3.9 RECORDKEEPING

3.9.1 Medical Records

- a. The Program Administrator shall establish and maintain an accurate record for each employee with an occupational exposure per CCR Title 8 §3204. This record shall include, at minimum:
 1. Name and social security number of the employee;
 2. A copy of the employee's TB screening test with dates and results of all the TB tests and any medical records relative to the employee's ability to receive vaccination;
 3. A copy of all results of examinations, medical testing, and follow-up procedures;
 4. The copy of the LHCP's written opinion; and
 5. A copy of the information provided to the LHCP.
- b. The LHCP and Program Administrator shall keep employee medical records confidential and not disclose without employee's written consent to any person except as required by this section or law.
- c. The Program Administrator and LHCP shall maintain the records required for at least the duration of employment plus 30 years per CCR Title 8 §3204.

3.9.2 Training Records

The Program Administrator and Agency/Department shall ensure training records include training dates, the contents or a summary of the training sessions, the names and qualifications of the trainers, and the names and job titles of those attending the training sessions. Moreover, the Program Administrator and managers/supervisors shall maintain said training records for 3 years from the date of training.

3.9.3 Exposure Incident and Occupational Occurrence Records

The Program Administrator and Agency/Department will ensure copies of the Employer's Report of Injury or Illness is maintained for a minimum of 5 years along with the Cal/OSHA 200 log. The Cal/OSHA 200 log shall be readily available to all employees and to the Chief of Cal/OSHA upon request.

3.9.4 Record Availability

- a. The Program Administrator shall ensure that all records maintained shall be available upon request to the Chief of Cal/OSHA and NIOSH for examination and copying.
- b. Training records shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief of Cal/OSHA, and to NIOSH.

- c. Employee medical records required by CCR Title 8 §5193 shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Chief of Cal/OSHA, and to NIOSH per CCR Title 8 §3204.

3.9.5 Transfer of Records

The Program Administrator shall comply with CCR Title 8 §3204 as it pertains to record transfers. If the County ceases to operate and there is no successor entity to receive and retain the records for the prescribed period, the Program Administrator (or County) shall notify NIOSH, at least 3 months prior to their disposal and transmit them to the NIOSH, if required by NIOSH, within that 3 month period.

3.10 PROGRAM EVALUATION

3.10.1 Program Administrator

The Program Administrator will monitor annually the effectiveness of the overall program including reviewing and updating the TBECF (see Appendix C).

3.10.2 Agencies/Departments

Managers/supervisors will semi-annually evaluate the effectiveness of their TBECF (see Appendix C) and audit records to ensure documentation of training and exposure incidents is maintained per the TBECF and report findings and actions to the Program Administrator.

3.10.3 Employees

Employees will semi-annually evaluate the effectiveness of their participation in the TBECF (see Appendix C) to include at least an annual review of engineering, administrative and personal protective equipment control measures reporting findings, recommendations and concerns to their manager/supervisor.

3.10.4 Licensed Health Care Professional (LHCP)

LHCP will audit medical records yearly to ensure TBECF documentation and follow-up is complete and report findings and actions to the Program Administrator.

3.11 REFERENCES

- *Code of Federal Regulations*, Title 29 Part 1910
- *California Code of Regulations*, Title 8 §§ 3203, 3204, 332.2, 5079, 5143, 5144, 5193, and 14301
- *Cal/OSHA Interim Tuberculosis Control Enforcement Guidelines*
- *CDC. Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities. MMWR: Oct 28, 1994. 43 (RR13) pp. 1-132.*
- *Administrative Manual: Risk Management*, County of Ventura

Appendix A

TBECF

Definitions

Airborne Precautions: Procedures used to reduce the risk of airborne transmission of infectious agents.

Airborne Transmission: Dissemination of either airborne droplet nuclei (small-particle residue, ≤ 5 μm in size, of evaporated droplets that may stay suspended in the air for long periods of time) or dust particles containing the infectious agent.

Air changes: The ratio of the volume of air flowing through a space in a certain period of time (i.e., the airflow rate) to the volume of that space (i.e., the room volume); this ratio is usually expressed as the number of air changes per hour (ACH).

Air-purifying, particulate-filter respirator: Personal protective equipment worn over the mouth and nose that protects employees from exposure to harmful airborne contaminants. A tight face-to-facepiece seal must be maintained to keep contaminants out of the breathing area.

Cohort: A client or patient who has active infection with the same microorganism as another, but with no other infection.

Contact: A person who has spent time with a person with an infectious communicable disease.

Exposure Incident: A specific event that results in an exposure from the performance of a job task.

Infection: the condition in which organisms are capable of causing disease.

Infectious: capable of transmitting infection.

Multi-drug resistant TB (MDR TB): TB disease caused by bacteria resistant to more than one drug often used to treat TB.

Mycobacterium Tuberculosis (MTB): Bacteria that cause TB infection and TB disease.

Mucous membranes: Tissue that lines the eyes, nose and mouth.

Negative Pressure: The relative air pressure difference between two areas in a facility where the room or area has lower pressure than adjacent areas, which keeps air from flowing out of the room and into adjacent rooms or areas.

Negative PPD Reaction: If you have a negative TB skin test reaction, you probably do not have TB infection.

Personal Protective Equipment (PPE): Specialized clothing or equipment worn by employees for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be PPE.

Positive PPD Reaction: If you have a positive TB skin test reaction, you probably have TB infection.

Preventive therapy: Treatment for people with TB infection that prevents them from developing TB disease.

Pulmonary TB: TB disease that occurs in the lungs, usually producing a cough that lasts longer than 2 weeks. Most TB disease is pulmonary.

Purified Protein Derivative (PPD): A substance, which is injected under the skin on the lower part of the arm and is examined 48-72 hours after the injection. If there is a positive reaction to this test, the individual probably has TB infection and needs a medical evaluation.

Resistant bacteria: Bacteria that can no longer be killed by a certain drug/s.

Smear: A test to see whether there are TB bacteria in your phlegm. To do this test, lab workers smear the phlegm on a glass slide, stain the slide with a special stain, and look for any TB bacteria on the slide. This test usually takes 1 day.

Source: Any person (living or dead) whose blood or OPIM may result in an exposure incident.

Sputum: Phlegm coughed up from deep inside the lungs. Sputum is examined for TB bacteria using a smear; part of the sputum can also be used to do a culture.

Standard Precautions: Merge features of *Universal Precautions* used to reduce the risk of transmission of bloodborne pathogens and *Body Substances Isolation* used to reduce the risk of transmission of pathogens from moist body substances and applies them to all those receiving service or care, regardless of their diagnosis or presumed infection status. Standard Precautions apply to (1) blood; (2) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood; (3) non-intact skin; and (4) mucous membranes.

Suspect TB Case: An individual will be suspected of having infectious TB (unless medically determined otherwise) if it is determined that the individual:

- Is known or with reasonable diligence should be known, to have TB infection and has signs and symptoms of pulmonary or laryngeal TB; or
- Has a positive acid-fast bacilli (AFB) sputum smear; or
- Has a persistent cough lasting 3 or more weeks and 2 or more symptoms of TB disease (e.g., bloody sputum, night sweats, weight loss, fatigue, fever, anorexia); or
- Has been started on anti-TB medications for clinical suspicion of active pulmonary or laryngeal TB, but has completed less than 2 weeks of treatment

TB Infection: A condition in which TB bacteria are alive but inactive in the body. People with TB infection have no symptoms, do not feel sick, cannot spread TB to others, and usually have a positive skin test reaction. A person diagnosed with TB infection is not infectious to others.

TB Disease: An illness in which TB bacteria are multiplying and attacking different parts of the body. The symptoms of TB disease include weakness, weight loss, fever, no appetite, chills, and sweating at night. Other symptoms of TB disease depend on where in the body the bacteria are growing. If TB disease is in the lungs (pulmonary TB), the symptoms may include a bad cough, pain in the chest, and coughing up blood. A person diagnosed with pulmonary TB disease is infectious to others, but not always.

Two-Step TB Skin Test: A baseline test to account for the effect of the booster phenomenon. The second skin test is administered 1 to 3 weeks following the first skin test.

Reference Section 5.0 Job Classification Risk Categories – Page 5-1

➤ **Job Classification Risk Categories**

- **Category 1 (*none classified*)**
- **Category 2**
- **Category 3**
- **Category 4**
- **Category 5 (*all other job classifications*
-- not listed here)**

Appendix C

TBECF

- ▶ **TBECF Program Administrator Evaluation**
- ▶ **TBECF Manager/Supervisor Evaluation**
- ▶ **TBECF Employee Evaluation**

Tuberculosis Exposure Control Plan Program Administrator Evaluation

Evaluator: _____ Date: _____

"X" all that apply. If "?" provide notes in J. If item is not applicable, write "NA" in "?" column. Leave no blanks.

Yes	No	?	ITEM
/////	////	/////	A. Exposure Control Plan/Determinations
			(a) Are employees exposed to TB?
			(b) Is there a written TBCEP?
			(c) Is there a list of Cat. 1 job classifications where employees have high risk of exposure up to date?
			(d) Is there a list of Cat. 2 job classifications where employees have moderate risk of exposure up to date?
			(e) Is there a list of Cat. 3 job classifications where employees have low risk of exposure up to date?
			(f) Is there a list of Cat. 4 job classifications where employees in an entire facility or by job classification have very low risk up to date?
			(g) Is there a list of Cat. 5 job classifications where employees have minimal risk up to date?
			(f) Is a copy of the TBCEP accessible to employees?
			(g) Is the TBCEP reviewed & updated at least annually?
/////	////	/////	B. Methods Of Compliance
			(a) Are Standard and Airborne Precautions observed?
			(b) Engineering controls used to minimize employee exposures? If yes, list examples
			(c) Is local exhaust ventilation used with High Risk Medical Procedures (HRMP) [i.e., aerosolized pentamidine administration, sputum induction, or any of the following if person is suspect or confirmed TB case: tissue handling (specimen processing, autopsy, etc.), bronchoscopy, operative procedures (intubation, suctioning, tracheotomy, etc.), & other aerosol treatments, cough-inducing or aerosol-generating procedures]]?
			(d) Is negative pressure rooms' air exchange rate 6/hr (built before 1996) or \geq 12/hr (built after 1996)?
			(e) Are HEPA filtration units effectively creating \geq 12 air changes/hr?
			(f) Are ventilation systems verified after installation, renovation and semi-annually and/or annually by an industrial hygiene evaluation?
			(g) Are ventilation systems used checked daily for operational capability?
			(h) Are ventilation systems maintained per manufacturer's recommendations along with monthly checks?
			(i) Are air intakes at a sufficient distance from local exhaust ventilation to prevent cross contamination?
			(j) Work practice controls used to minimize employee exposures?
			(k) Are hand washing facilities readily accessible to employees? If not feasible, are antiseptic hand cleansers, towelettes available?
			(l) Do employees wash hands after removal of PPE?
			(m) Do employees wash hands after contacting potentially infectious materials?
			(n) Food, drink, smoking & cosmetics not used near infectious materials?
			(o) Are potentially infectious specimens placed in leakproof containers during handling, processing, storage, transport or shipping?
/////	////	/////	C. Personal Protective Equipment (PPE)
			(a) Is appropriate PPE provided to employees ?
			(b) Is PPE used properly & consistently?
			(c) PPE accessible in the worksite?
			(d) Is PPE correct size & fit properly?
			(e) Is the PPE clean & in good repair?
			(f) PPE stored properly after use?
			(g) Masks, eye protection &/or face shield, respirators, gowns, gloves and shoe covers worn when there is reasonable anticipated splashing, spray, spatter or droplets of potentially TB infected material?
			(h) Gowns, aprons, & other protective body covering worn when appropriate?
			(i) Gloves:
			(1) Used when exposure to potentially infectious materials can reasonably be anticipated?
			(2) Single use gloves disposed of when barrier is compromised or after one use?
			(3) Reusable utility gloves inspected & decontaminated effectively?

Yes	No	?	ITEM
			(j) Respirators:
			(1) Are respirators used when performing HRMP, entering an isolation area, room or booth, transporting, or providing direct service or care to a highly suspect or actual TB case
			(2) Are respirators used when maintaining or changing HEPA filters in ventilation systems
			(3) Are all provisions for medical clearance, training and fit testing complete per the County Respiratory Protection Program prior to respirator use?
/////	////	/////	D. Housekeeping
			(a) Is worksite in a clean & sanitary condition?
			(b) Is there a policy to assure prompt disinfecting of contaminated surfaces coverings & receptacles?
			(c) Regulated Waste:
			(2) Are regulated waste containers closeable?
			(A) Able to contain contents?
			(B) Leakproof?
			(C) Labeled as biohazard & color-coded?
			(D) Closed prior to removal?
			(E) Disposed of per applicable regulation?
			(f) Laundry
			(1) Minimal handling & agitation?
			(2) Bagged/containerized at the location where it is used?
			(3) Labeled appropriately?
			(4) Are bags/containers leakproof?
			(5) Is contaminated laundry handled with gloves & other appropriate PPE?
/////	////	/////	E. PPD Screening
			(a) Are PPD screening tests available at no cost to employees
			(b) Have employees completed initial and annual TB screening tests?
			(c) Are employees with positive TB screening tests monitored annually for symptom history and potential exposure?
/////	////	/////	F. Post Exposure Evaluation & Follow-Up
			(a) When an employee declines post-exposure evaluation from the County's Health-Care professional are other provisions made?
			(b) Are TB exposure incidents documented?
			(c) Are procedures for identification & documentation of source in place?
			(d) Are evaluation & follow-up procedures in place?
/////	////	/////	G. Labels & Signs
			(a) Warning labels affixed to all containers of regulated waste including regulated waste red bags?
			(b) If labels are used: Do they have the BIOHAZARD legend (symbol)?
			(c) Are warning labels orange or red orange with lettering in contrasting color?
			(d) Are the warning labels affixed to the container of regulated waste?
			(e) Is contaminated equipment labeled?
/////	////	/////	H. Information & Training
			(a) Is training given to all potentially exposed employees?
			(b) Is training given at time of initial assignment (within 10 days of hire) ?
			(c) Is training given at least annually thereafter?
			(d) Is training given when changes in tasks or procedure occur?
			(e) Is training given at appropriate level for employees education level & language?
			(f) Does the training include the following:
			(1) A general explanation of epidemiology & symptoms of TB?
			(2) Mode of transmission, difference between TB infection and active TB disease?
			(3) Explanation of & availability of the TBCEP?
			(4) Potential high risk exposure tasks?
			(5) Explanation of use & limitations of controls & PPE?
			(6) Information on TB screening and chemoprophylaxis?
			(7) Procedures for an exposure incident ?
			(8) Procedures & rights for post exposure evaluation & follow-up?

Tuberculosis Exposure Control Plan Manager/Supervisor Evaluation

Agency: _____
Building Address: _____

Department/Division: _____
Date: _____

"X" all that apply. If "?" provide notes in § J. If Item is not applicable, write "NA" in "?" column. Leave no blanks.

Yes	No	?	ITEM
/////	///	/////	A. Exposure Control Plan/Determinations
			(a) Have any employees been exposed to TB ? (write # & actions taken in § J)
			(b) Do you have a copy of the Infectious Disease Control Plan § 3.0 Tuberculosis Exposure Control Plan (TBECP)?
			(c) Is there a list of Cat. 1 job classifications where employees have high risk of exposure up to date?
			(d) Is there a list of Cat. 2 job classifications where employees have moderate risk of exposure up to date?
			(e) Is there a list of Cat. 3 job classifications where employees have low risk of exposure up to date?
			(f) Is there a list of Cat. 4 job classifications where employees in an entire facility or by job classification have very low risk up to date?
			(g) Is there a list of Cat. 5 job classifications where employees have minimal risk up to date?
			(f) Is a copy of the TBECP accessible to employees?
			(g) Is the TBECP reviewed & updated at least annually?
/////	///	/////	B. Methods Of Compliance
			(a) Are Standard and Airborne Precautions observed?
			(b) Engineering controls used to minimize employee exposures? If yes, list examples
			(c) Is local exhaust ventilation used with High Risk Medical Procedures (HRMP) [i.e., aerosolized pentamidine administration, sputum induction, or any of the following if client/patient is a suspect or confirmed TB case : bronchoscopy, tissue handling (e.g., specimen processing and/or autopsy), operative procedures (e.g., intubation, suctioning, tracheotomy, and endotracheal tube care), and other aerosol treatments, cough- inducing or aerosol – generating procedures)?
			(d) Is negative pressure rooms' air exchange rate 6/hr (built before 1996) or ≥ 12/hr (built after 1996)?
			(e) Are HEPA filtration units effectively creating ≥ 12 air changes/hr?
			(f) Are ventilation systems verified after installation, renovation and semi-annually and/or annually by an industrial hygiene evaluation?
			(g) Are ventilation systems used checked daily for operational capability?
			(h) Are ventilation systems maintained per manufacturer's recommendations along with monthly checks?
			(i) Are air intakes at a sufficient distance from local exhaust ventilation to prevent cross contamination?
			(j) Work practice controls used to minimize employee exposures?
			(k) Are hand washing facilities readily accessible to employees? If not feasible, are antiseptic hand cleansers, towelettes available?
			(l) Do employees wash hands after removal of PPE?
			(m) Do employees wash hands after contacting potentially infectious materials?
			(n) Food, drink, smoking & cosmetics not used near infectious materials?
			(o) Are potentially infectious specimens placed in leakproof containers during handling, processing, storage, transport or shipping?
/////	///	/////	C. Personal Protective Equipment (PPE)
			(a) Is appropriate PPE provided to employees ?
			(b) Is PPE used properly & consistently?
			(c) PPE accessible in the worksite?
			(d) Is PPE correct size & fit properly?
			(e) Is the PPE clean & in good repair?
			(f) PPE stored properly after use?
			(g) Masks, eye protection &/or face shield, respirators, gowns, gloves and shoe covers worn when there is reasonable anticipated splashing, spray, spatter or droplets of potentially TB infected material?
			(h) Gowns, aprons, & other protective body covering worn when appropriate?
			(i) Gloves:
			(1) Used when exposure to potentially infectious materials can reasonably be anticipated?
			(2) Single use gloves disposed of when barrier is compromised or after one use?

Yes	No	?	ITEM
			(3) Reusable utility gloves inspected & decontaminated effectively?
			(j) Respirators:
			(1) Are respirators used when performing HRMP, entering an isolation area, room or booth, transporting, or providing direct service or care to a highly suspect or actual TB case
			(2) Are respirators used when maintaining or changing HEPA filters in ventilation systems
			(3) Are all provisions for medical clearance, training and fit testing complete per the County Respiratory Protection Program prior to respirator use?
/////	////	/////	D. Housekeeping
			(a) Is worksite in a clean & sanitary condition?
			(b) Is there a policy to assure prompt disinfecting of contaminated surfaces coverings & receptacles?
			(e) Regulated Waste:
			(2) Are regulated waste containers closeable?
			(A) Able to contain contents?
			(B) Leakproof?
			(C) Labeled as biohazard & color-coded?
			(D) Closed prior to removal?
			(E) Disposed of per applicable regulation?
			(f) Laundry
			(1) Minimal handling & agitation?
			(2) Bagged/containerized at the location where it is used?
			(3) Labeled appropriately?
			(4) Are bags/containers leakproof?
			(5) Is contaminated laundry handled with gloves & other appropriate PPE?
/////	////	/////	E. PPD Screening
			(a) Are PPD screening tests available at no cost to employees
			(b) Have employees completed initial and annual TB screening tests?
			(c) Are employees with positive TB screening tests monitored annually for symptom history and potential exposure?
/////	////	/////	F. Post Exposure Evaluation & Follow-Up
			(a) When employee declines postexposure eval. from employer Health-Care professional are other provisions made?
			(b) Are TB exposure incidents documented?
			(c) Are procedures for identification & documentation of source in place?
			(d) Are evaluation & follow-up procedures in place?
/////	////	/////	G. Labels & Signs
			(a) Warning labels affixed to all containers of regulated waste including regulated waste red bags?
			(b) If labels are used: Do they have the BIOHAZARD legend (symbol)?
			(c) Are warning labels orange or red orange with lettering in contrasting color?
			(d) Are the warning labels affixed to the container of regulated waste?
			(e) Is contaminated equipment labeled?
/////	////	/////	H. Information & Training
			(a) Is training given to all potentially exposed employees?
			(b) Is training given at time of initial assignment (within 10 days of hire)?
			(c) Is training given at least annually thereafter?
			(d) Is training given when changes in tasks or procedure occur?
			(e) Is training given at appropriate level for employees education level & language?
			(f) Does the training include the TBECPP requirements?
			(g) Are training records maintained in Agency/Department for 3 years?
J. Notes:			

Tuberculosis Exposure Control Program Employee Evaluation

Agency: _____

Depart./Division: _____

Building Address: _____

Date: _____

"X" all that apply. If "?", provide notes in "Comments". If item is not applicable, write "NA" in "?" column. Leave no blanks.

Yes	No	?	Item
			(1) Do you know the job tasks that put you at risk for potential Tuberculosis Exposure (TBE) ?
			(2) Do you use standard and airborne transmission based precautions, engineering and work practice controls, and appropriate personal protective equipment (PPE) when doing job tasks with potential or actual TBE?
			(3) Is PPE correct size & fit comfortably?
			(4) Is PPE clean & in good repair?
			(5) Do you inspect, clean, maintain and store PPE properly after each use?
			(6) Are you required to wear a respirator?
			(7) If you wear a respirator, have you been medically cleared to wear a respirator?
			(8) If you wear a respirator, have you had initial and annual training and fit testing?
			(9) Do you place potentially infectious materials in leakproof labeled containers during handling, processing, storage, transport or shipping?
			(10) Do you follow a specific policy to assure cleaning and disinfection of contaminated surfaces, clean-up of spills, or broken glassware and/or sharps?
			(11) Do you know how to dispose of regulated waste?
			(12) Have you had a baseline PPD (TB screen) test?
			(13) IF required, have you had an annual PPD (TB screen) test?
			(14) Do you understand the results of the PPD test?
			(15) Do you know what to do if exposed?
			(16) Have you completed your initial and annual training?
			(17) Do you have any concerns or questions that need an answer (write below) ?
Comments			

4.0 INFECTIOUS DISEASE EXPOSURE CONTROL PLAN

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IDECP Appendix

A – Definitions

B – Synopsis of Precaution Types

C – Job Classifications – Reference Section 5.0 Job Classification Risk
Categories Page 5-1

D – Checklists

E – Hanta Virus

4.1 INTRODUCTION

The County recognizes infectious disease exposure control as an important issue that impacts how work is done by a large segment of those who do work for the County. To address this impact, this Infectious Disease Exposure Control Plan (IDECP) has been put in place to facilitate protecting the health of those individuals. Contact Risk Management at 654-3197 for a copy of this IDECP.

4.2 SCOPE

The information contained herein describes the IDECP for the management of potential and actual exposures to diseases other than Bloodborne Pathogens (subject of IDECP § 2.0) and Tuberculosis (subject of IDECP § 3.0) for the County. The intent is to give structure and provide a framework to assist managers/supervisors to protect employees potentially exposed to a confirmed or highly suspected infectious disease. Procedures are included that address the evaluation of and prevention from common infectious diseases excluding Bloodborne Pathogens and Tuberculosis (TB) exposures. The extent of occupational infectious disease exposure varies depending on the work tasks of each individual.

This plan provides mandatory procedures for agencies/departments to implement and minimize employee exposures to infectious diseases. Effective infectious disease exposure control is a multi-component procedure involving the design and implementation of engineering and administrative controls including changes in work practices; use of personal protective equipment; early recognition of infectious disease symptoms followed by prompt medical evaluation utilizing post exposure protocol tests and treatment of confirmed or suspected infectious diseases.

Since the infectious disease exposure issue has far reaching impact, this plan sets mandatory criteria, establishes a determination of applicability, and specifies procedures and sources of information for identified work activities with potential for infectious disease exposure.

4.3 APPLICABILITY

Agency/Department employee job classifications are categorized by exposure determination into three categories listed below (see Appendix C for listing). Category 1 and 2 job classifications are required to follow all aspects of this plan. Category 3 job classifications need to be aware of the IDECP. Managers/Supervisors must coordinate with Risk Management on any changes in exposure levels or job tasks.

Category 1 - those with high risk for infectious disease exposure (i.e., those whose normal work tasks may expose them to an infectious disease, e.g., first aid; collecting/handling water, animal, or body fluid specimens; direct client/patient care; clean-up of infectious spills; etc.).

Category 2 - those with moderate risk for infectious disease exposure (i.e., those whose normal work tasks don't involve routine exposure to infectious specimens or clients, but exposure may occur as a condition of employment, e.g., surveying in unimproved areas, assisting someone injured, clean-up of potentially infectious spill, etc.).

Category 3 - those with very low risk for infectious disease exposure (i.e., those whose normal work tasks don't involve routine exposure to infectious disease and exposure risk is not anticipated or required as a condition of employment).

4.4 RESPONSIBILITIES

4.4.1 Program Administrator - General Services Agency (GSA)/Risk Management

Risk Management is the Program Administrator and has the authority and overall responsibility for the design, implementation, interpretation, and revision of the IDECP. Duties include:

- a. Direct and plan an effective IDECP program County-wide.
- b. Coordinate infectious disease exposure control needs with Agencies/Departments by providing appropriate professional and technical resources.
- c. Review and approve all aspects of this IDECP.
- d. Recommend engineering and administrative controls as needed and determine which job classifications and job tasks are to be included in this IDECP.
- e. Ensure the Licensed Health Care Professional (LHCP) has a copy of this IDECP, and after an exposure incident provide the LHCP: (1) a description of the exposed employee's duties allied with the incident; (2) description of the route(s) of exposure and conditions under which it occurred; (3) results of the source person's testing, if available, or a contact to request same; and (4) all medical records relevant to the treatment of the employee including vaccination status that are the employer's responsibility to maintain.
- f. Obtain and provide the employee a copy of the LHCP's written opinion within 15 days of the completion of the exposure evaluation.
- g. Arrange for and/or conduct initial (within 10 days of hire/transfer) and annual training.
- h. Evaluate the overall effectiveness of the IDECP by yearly reviewing each Agency/Department's procedures, and making recommendations as required per Agency/Department evaluation.
- i. Maintain required records.

4.4.2 Health Care Management

LHCPs authorized and/or administered by the Program Administrator provide services for health maintenance, medical surveillance, and exposure care. The Program Administrator shall use resources from the *County of Ventura Authorized Medical Panel* of providers and Workers' Compensation consultants to:

- a. Provide vaccinations based on type of infectious disease risk in identified risk job classifications.
- b. Validate Agency/Department exposure incidents and provide initial and follow-up exposure care based on established protocols per the U.S. Department of Health and Human Services Centers of Disease Control and Prevention and County of Ventura Public Health procedures and policies.
- c. Advise an employee following an exposure incident that s/he may refuse post-exposure evaluation and follow-up from the employer-healthcare professional. If refused, notify Risk Management and make immediately available to the exposed employee/s a confidential medical evaluation and follow-up from a LHCP other than from the County's Employee Health Services or one connected with their Agency/Department for post-exposure follow-up care.
- d. Provide a written opinion 15 days after an exposure incident to the Program Administrator to include: (1) for vaccination, limit opinion to whether vaccination is indicated, and if the employee has had such vaccination, and (2) for post-exposure evaluation and follow-up, limit opinion to whether the employee has been provided the evaluation results, and whether the employee has been told about any medical conditions resulting from exposure that requires further evaluation or treatment. All other findings or diagnoses shall remain confidential and not included in the opinion.

- e. Maintain medical evaluations, exposure data, and related IDECP documentation in medical records ensuring appropriate notification and documentation of vaccination, declination of vaccination, exposure medical evaluation (including test results), work limitations and counseling.
- f. Coordinate with the Program Administrator for hazard evaluations (i.e., exposure determination) or training deficiencies noted.

4.4.3 County Executive Office (CEO)/Human Resources

The CEO/Human Resources shall ensure infectious disease exposure risks are incorporated into job descriptions of specified job classifications through Human Resources Division/Classifications and Agency/Department personnel representatives.

4.4.4 General Services Agency (GSA)/ Procurement Services

GSA/Procurement Services shall ensure that equipment suppliers have proper specifications for IDECP related items, and ensure PPE and engineering control items are readily available.

4.4.5 Agencies

4.4.5.1 Management

Management is responsible for ensuring the IDECP has an approved budget to meet the needs of the agency. Duties include:

- a. Coordinate with the Program Administrator to identify at risk job tasks;
- b. Coordinate with LHCPs for individual vaccination, medical evaluations, and exposure care;
- c. Implement IDECP and annually submit any changes in exposure risk potential or job tasks or specific methods of compliance to the Program Administrator for review;
- d. Assess the program annually for overall effectiveness by evaluating Agency/Department program through periodic inspection of engineering/administrative controls and protective equipment, ensuring training has been conducted per IDECP § 4.8.2, and maintain training records; and
- e. Follow-up and take corrective action after all exposure incidents (animal bites, chicken pox exposure, etc.) resolving deficiencies promptly.

4.4.5.2 Managers and Supervisors

Managers/Supervisors shall ensure that the IDECP is implemented in their areas. In addition to being knowledgeable about the IDECP for their own protection, supervisors must ensure that the IDECP is understood and followed by those they direct. Duties include:

- a. Ensuring work activities within area of responsibility have been surveyed for IDE potential and identified by job classification, hazard evaluation (exposure determination) and exposure history.
- b. Continually monitoring job tasks to identify new or unrecognized IDE hazards.
- c. Being knowledgeable about infectious disease and how this issue impacts employees (i.e., know exposure incident trends and injury rates).
- d. Using resources and programs available within the County and through the Program Administrator to address infectious disease concerns or needs.

- e. Ensuring they and employees they direct follow this program and receive training and vaccination prior (i.e., within 10 days of hire or transfer) to carrying out work tasks with IDE potential.
- f. Reviewing and verifying all reported exposures along with taking action to prevent reoccurrence.
- g. Processing based on verification an Employer's Report of Occupational Injury and Illness.
- h. Ensuring prompt follow-up is provided for employees and/or those involved.
- i. Providing budgetary resources to ensure information/training and control measures are available to those they direct.
- j. Inspecting monthly engineering and work practice controls to ensure use, maintenance, repair and/or replacement.
- k. Documenting manager/supervisor evaluation semi-annually via checklist or as otherwise required.

4.4.5.3 Employees

Employees are responsible to use the control measures, wear PPE, and follow the *Methods of Compliance* (IDECP§ 4.5 below) when and where required and in the manner they were trained. Duties include:

- a. Understanding and participating fully in the IDECP.
- b. Using engineering and administrative controls established and reporting malfunctions/deficiencies to managers/supervisors.
- c. Using all PPE as outlined in established procedures.
- d. Participating in initial (within 10 days of hire or transfer) and annual IDECP training.
- e. Reporting all exposure incidents immediately to managers/supervisors.
- f. Evaluating their IDECP participation and use of control measures semi-annually via checklist (see Appendix D) or as required by the Program Administrator.

4.5 METHODS OF COMPLIANCE

The following practices will be followed when IDE risk has been determined based on job classification, hazard evaluation (exposure determination), and exposure history. Other engineering or administrative controls will be implemented as needed per Program Administrator review and approval.

4.5.1 General

There are two tiers of isolation precautions. First, and most important, are those used in the direct service and care of all individuals regardless of diagnosis or presumed infection status. Using these "Standard Precautions" is the primary strategy for successful infectious disease control. In the second tier are additional "Transmission-Based Precautions" for those known or suspected to be infected by epidemiologically important pathogens spread via air, droplets, by contact with dry skin, or contaminated surfaces.

A synopsis of the types of precautions and those requiring the precautions are listed in Appendix B. In many instances, the risk of transmission of infection may be highest before a definitive diagnosis can be made and before precautions based on that diagnosis can be implemented. The routine use of Standard Precautions for all clients/patients will reduce this risk for conditions other than those requiring Airborne, Droplet, or Contact Precautions. While it is not possible to prospectively identify all clients/patients needing these enhanced precautions, certain clinical syndromes and conditions carry a sufficiently high risk to warrant the use of enhanced precautions while a more definitive diagnosis is pursued.

4.5.1.1 Standard Precautions

Standard Precautions merge features of *Universal Precautions* used to reduce the risk of transmission of bloodborne pathogens and *Body Substances Isolation* used to reduce the risk of transmission of pathogens from moist body substances and applies them to all those receiving service or care, regardless of their diagnosis or presumed infection status. Standard Precautions apply to (1) blood; (2) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood; (3) non-intact skin; and (4) mucous membranes.

4.5.1.2 Transmission-Based Precautions

Transmission-Based Precautions are designed for clients/patients known or suspected (presence of microorganism in or on client/patient but without clinical signs of infection) to be infected with highly transmissible or epidemiologically important pathogens for which precautions beyond Standard Precautions are needed to interrupt transmission. There are three types of Transmission-Based Precautions, which are noted below. They may be combined for diseases that have multiple routes of transmission. When used singularly or in combination, they are to be used in addition to Standard Precautions.

- a. *Airborne Precautions* reduce the risk of transmission of infectious agents that can be transmitted by the airborne route. Airborne transmission occurs by dissemination of either airborne droplet nuclei (small-particle residue, ≤ 5 μm in size, of evaporated droplets that may stay suspended in the air for long time periods) or dust particles containing the infectious agent. Microorganisms so carried are dispersed widely by air currents and may become inhaled by or deposited on a susceptible host within the same room or over some distance from the source, thus, special air handling and ventilation are required to prevent this airborne transmission.
- b. *Droplet Precautions* reduce the risk of transmission of infectious agents that can be transmitted by infectious droplets. This involves contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large-particle droplets (larger than 5 μm in size) containing microorganisms generated from a person who has a clinical disease or who is a carrier of the microorganism. Droplets are generated from the source person primarily during coughing, sneezing, or talking and during the performance of certain medical procedures (suctioning, bronchoscopy, etc.). Droplet transmission requires close contact between the source and recipient, because droplets do not remain suspended in the air and generally travel only short distances, usually 3 feet or less, through the air. Because droplets do not remain suspended in the air, special air handling and ventilation are not required to prevent droplet transmission.
- c. *Contact Precautions* reduce the risk of transmission of infectious agents by direct or indirect contact. Direct-contact transmission involves skin-to-skin contact and physical transfer of microorganisms to a susceptible host from an infected person (e.g., any direct-care activities that require physical contact, or direct-contact between two clients/patients, with one being the source and the other the host). Indirect-contact transmission involves contact of a susceptible host with a contaminated intermediate object, usually inanimate, in the client/patient's environment.

4.5.2 Engineering and Work Practice Controls - General Requirements

Engineering and work practice controls shall be used to eliminate or minimize IDE. These controls are to be examined for use, maintenance, repair, and/or replacement monthly to ensure their effectiveness. All

procedures involving potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

4.5.3 Engineering and Work Practice Controls -- Specific Requirements

Table 1 summarizes most common infectious diseases with mode of transmission, vaccine availability, signs and symptoms of disease and control measures. If an exposure occurs or potential exposure exists for an infectious disease not listed, contact the Program Administrator for guidance. Utilize the following controls based on the type of infectious disease and control method specified.

4.5.3.1 Standard Precautions

Use Standard Precautions, or the equivalent, for direct service and care of all clients/patients.

- a. *Handwashing.*
 1. Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn. Wash hands immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments. Also consider washing hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites.
 2. Use a plain (nonantimicrobial) soap for routine handwashing.
 3. Use an antimicrobial agent or a waterless antiseptic agent for specific circumstances (e.g., control of outbreaks or hyperendemic infections), as defined by the infection control program. (See Contact Precautions for additional recommendations on using antimicrobial and antiseptic agents.)
- b. *Gloves.* Wear gloves (clean, non-sterile gloves are adequate) when touching blood, body fluids, secretions, excretions, and contaminated items. Always don clean gloves just before touching mucous membranes or non-intact skin. Change gloves between tasks on the same patient after contact with material that may have a high level of microorganisms. Remove gloves promptly after use, before touching non-contaminated items and surfaces, and before going to another patient, and wash hands immediately as above.
- c. *Mask, Eye Protection, Face Shield.* Wear a mask and eye protection or a face shield to protect eyes, nose, and mouth during client/patient procedures and direct service/care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.
- d. *Gown.* Wear a gown (a clean, nonsterile gown is adequate) to protect skin and clothing during client/patient procedures and direct service/care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered. Remove a soiled gown as soon as possible, and wash hands to avoid transfer of microorganisms to other patients or environments.
- e. *Client Direct Service/Patient-Care Equipment.* Handle used client-direct service/patient-care equipment soiled with blood, body fluids, secretions, and excretions in a way that prevents skin and mucous membrane exposures, clothing contamination, and transfer of microorganisms to others and environments. Reusable equipment is not to be used for the service/care of another client/patient until it has been cleaned and reprocessed appropriately. Discard single-use items properly.
- f. *Environmental Control.* Agency/Department shall have adequate procedures for the routine service, care, cleaning, and disinfection of environmental surfaces, beds, bed rails, bedside equipment, and other frequently touched surfaces and ensure that these procedures are being followed.

- g. *Linen.* Handle, transport, and process used linen soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures and contamination of clothing, and that avoids transfer of microorganisms to other clients/patients and environments.
- h. *Occupational Health and Bloodborne Pathogens.*
 1. Take care to prevent injuries when using engineered sharps (needles, scalpels, etc.); when handling sharp devices after procedures; when cleaning used devices; and when disposing of used sharps. Never recap used needles, or otherwise manipulate them using both hands, or use any method that involves directing the needle point toward any part of the body; rather, use either a one-handed "scoop" technique or a mechanical device designed to hold the needle sheath. Don't remove used needles from disposable syringes by hand, and don't bend, break, or otherwise manipulate used needles by hand. Put used disposable syringes and needles, scalpel blades, and other sharps in appropriate puncture-resistant containers, which are located as close as practical to the area in which the items were used, and place reusable syringes and needles in a puncture-resistant container for transport to the reprocessing area.
 2. Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable.
- i. *Client/Patient Placement.* Place a client/patient who contaminates the environment or who does not (or cannot be expected to) assist in maintaining appropriate hygiene or environmental control in a private room. If a private room is not available, consult with infection control/public health professionals regarding client/patient placement or other alternatives.

4.5.3.2 Airborne Precautions

In addition to Standard Precautions, use Airborne Precautions or the equivalent for clients/patients known or suspected to be infected with microorganisms transmitted by airborne droplet nuclei or dust particles.

- a. *Client/Patient Placement.* Put the client/patient in a private room that has (1) monitored negative air pressure, (2) 6 to 12 air changes per hour, and (3) appropriate discharge of air outdoors or monitored high-efficiency filtration of room air before the air is circulated to other facility areas. Keep the room door closed and the client/patient in the room. When a private room is unavailable, put the client/patient in a room with a client/patient who has active infection with the same microorganism, unless otherwise recommended, but with no other infection. When a private room is unavailable and cohorting is not desirable, consultation with HCA/Public Health Department (Public Health) infection control/public health professionals is advised before client/patient placement.
- b. *Respiratory Protection.* Wear respiratory protection when entering the room of a client/patient with known or suspected infectious pulmonary TB. Susceptible persons should not enter the room of clients/patients known or suspected to have measles (rubeola) or chicken pox (varicella) if other immune caregivers or service providers are available. If susceptible persons must enter the room of a patient known or suspected to have measles or chicken pox, they should wear respiratory protection. Persons immune to measles (rubeola) or varicella need not wear respiratory protection.
- c. *Patient Transport.* Limit the movement and transport of the patient from the room to essential purposes only. If transport or movement is necessary, minimize client/patient dispersal of droplet nuclei by placing a surgical mask on the client/patient.
- d. *Other Precautions for Preventing Transmission of TB.* See IDECP § 3.0 and CDC "Guidelines for Preventing the Transmission of Tuberculosis in Health-Care Transmission of Facilities".

4.5.3.3 Droplet Precautions

In addition to Standard Precautions, use Droplet Precautions or equivalent for a client/patient known or suspected to be infected with microorganisms transmitted by droplets (droplets >5 um in size that can be generated by the individual during coughing, sneezing, talking, or the performance of procedures).

- a. *Client/Patient Placement.* If a private room is unavailable, put client/patient in a room with one who has active infection with the same microorganism but with no other infection (cohorting). If cohorting is not achievable, keep spatial separation of at least 3 feet between the one infected and all others. Special air handling and ventilation are not necessary, and the door may remain open.
- b. *Mask.* In addition to Standard Precautions, wear a surgical mask when working within 3 feet of the patient. Consider wearing a surgical mask when entering the room.
- c. *Patient Transport.* Limit transport of the client/patient from the room to essential purposes only. If transport is needed, consider having individual wear a surgical mask to minimize droplet dispersal.

4.5.3.4 Contact Precautions

In addition to Standard Precautions, use Contact Precautions or equivalent for specified clients/patients known or suspected to be infected with epidemiologically important microorganisms that can be transmitted by direct contact with the client/patient (hand or skin-to-skin contact) or indirect contact (touching) with environmental surfaces or client/patient-care items in the client/patient's environment.

- a. *Client/Patient Placement.* If a private room is not available, put client/patient in a room with one who has active infection with the same microorganism but with no other infection (cohorting). If cohorting is not achievable, consider the epidemiology of the microorganism and the client/patient population and consider consultation with Public Health when determining placement.
- b. *Gloves and Handwashing.* Wear gloves per Standard Precautions when entering the room. Change gloves after having contact with infective material that may have high levels of microorganisms (fecal material and wound drainage). Remove gloves before leaving client/patient environment and wash hands promptly with an antimicrobial agent or a waterless antiseptic agent. After glove removal and handwashing, don't touch potentially contaminated surfaces or items in the client/patient's room so as to avoid microorganism transfer to other people and areas.
- c. *Gown.* Wear a gown per Standard Precautions when entering the room if clothing has substantial chance of contact with the client/patient, surfaces, or items in the room, or if the client/patient is incontinent or has diarrhea, an ileostomy, a colostomy, or wound drainage not contained by a dressing. Remove the gown before leaving the client/patient's environment, and don't let clothing contact potentially contaminated surfaces so as to avoid microorganism transfer to others after leaving.
- d. *Client/Patient Transport.* Limit the transport of the client/patient from the room to essential purposes only. If transport is necessary, take precautions to minimize the risk of transmission of microorganisms to other clients/patients and contamination of environmental surfaces or equipment.
- e. *Client-Direct Service/ Patient-Care Equipment.* When possible, dedicate the use of non-critical client-direct service/patient-care equipment to a single client/patient or a cohort to avoid sharing between clients/patients. If use of common equipment or items is unavoidable, then properly clean and disinfect them before use for another client/patient.
- f. *Additional Precautions for Preventing the Spread of Vancomycin Resistance.* Consult Agency/Department procedures, Public Health and/or the "Hospital Infection Control Practices Advisory Committee" report on preventing the spread of vancomycin resistance.

4.6 EMPLOYEE HEALTH SURVEILLANCE

Employees requiring *new hire* and/or *periodic* health surveillance shall receive written notification of test results and its interpretation. All medical records are to be kept confidential and not disclosed or reported without the employee's express written consent to any person except as legally required.

4.6.1 New Hire

New employees following an offer of employment by the employing agency/department in Category 1 and 2 job classifications will have a health evaluation to determine if all vaccinations needed are up to date and if any baseline testing is indicated based on the infectious disease/s of concern.

4.6.2 Periodic

Employees in Category 1 and 2 job classifications shall receive an annual health history review and re-check if any vaccine boosters are needed only if infectious disease/s of concern require periodic review based on Public Health and CDC recommendations or as determined by designated LHCP.

4.7 POST-EXPOSURE EVALUATION AND FOLLOW-UP

4.7.1 General Information.

Post-exposure evaluation and follow-up will be done by the *County of Ventura Authorized Medical Panel* of providers or workers' compensation consultants for each person involved in an exposure incident. Contact Risk Management at 654-3197. **Note:** If Ventura County Medical Center emergency room or other health care facility does the initial evaluation, the employee should report to HCA/Employee Health Services the next duty day. If evaluation is refused through County's designated healthcare professional, the employee needs to sign a declination statement filed in the employee's health record. LHCP reports declination to Risk Management at 654-3197. The employee must submit to Risk Management and Agency/Department proof of medical evaluation within 10 working days of exposure incident or exposure incident notification.

The Agencies/Departments will ensure that all medical evaluations and procedures including initial and periodic required screen tests, the post-exposure evaluation and follow-up, including prophylaxis, are:

- a. Made available at no cost to the employee;
- b. Made available to the employee at a reasonable time (within 2 hours of exposure) and place;
- c. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
- d. Provided per U.S. Public Health Service recommendations when these evaluations and procedures take place and all lab tests are by an accredited laboratory.

4.7.2 Specific Procedures.

Employees are to report an exposure incident as soon as possible, preferably within 2 hours of the incident, but no later than the end of a work shift.

- a. *Exposure Incident.* Exposure Incident is based on employees having an "exposure" (see Appendix A). Managers/Supervisors assess the facts of the employee's occurrence and determine an exposure incident has happened. Next, document the exposure incident on the Employer's Report of Occupational Injury or Illness Form detailing the following: the circumstances under which the incident occurred and identification of the source individual, unless prohibited.
- b. *Post-exposure care and follow-up.* Following a report of an exposure incident, the Agency/Department shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:
 - 1. The manager/supervisor shall document the circumstances under which the exposure incident occurred on the Employer's Report of Occupational Injury or Illness Form;
 - 2. The manager/supervisor shall identify and document the source individual, unless they can establish that identification is infeasible or prohibited by law;
 - (a) The source individual's infectivity is unknown, but highly suspect referral for confirmation will be made by LHCP.
 - (b) When the source individual is known to be infected with the infectious disease no source testing is required. Confirmation can be obtained on specimens already available, or through a review of the source individual's medical record if testing has already been done.
 - 3. The manager/supervisor shall ensure that the employee is directed to the appropriate LHCP for post exposure follow-up (administration of screening tests, treatment, follow-up care, etc.).
 - 4. The County will provide for clinical evaluation, further tests, and post-exposure prophylaxis, when medically indicated as recommended by the U.S. Public Health Service Centers of Disease Control and Prevention and per Public Health protocol through the *County of Ventura Authorized Medical Panel* of providers or workers' compensation consultants, and
 - 5. All work related exposures will be handled as worker compensation claims and all County procedures pertaining to it shall apply. Occupational employee infectious disease illnesses will be noted on the Cal/OSHA 200 Log. The County provides for counseling and evaluation of reported illnesses via the *County of Ventura Authorized Medical Panel* of providers or workers' compensation consultants. EXCEPTION -- If it can be demonstrated that the infectious disease case is not work-related, reporting as a workers' compensation claim is not required.

4.8 COMMUNICATION OF HAZARDS

4.8.1 Signs

Isolation warning signs will be posted when isolation rooms, booths, vehicles or areas are being occupied by highly suspect or known infectious disease cases.

4.8.2 Employee Training

All employees in job classification Categories 1-2 risk shall receive comprehensive training initially (within 10 days of hire) and yearly. Training shall contain, at a minimum, the following elements:

- a. A synopsis of the IDECP including management and employee responsibilities under the plan and the means that employees can obtain a copy of the IDECP;

- b. The basic concepts of infectious disease transmission, including the difference between exposure and active disease, the signs and symptoms of infectious disease/s of concern, and the risk of re-infection or re-exposure;
- c. Use and limitations of engineering and administrative controls and PPE; and
- d. Lay terminology explanation of infectious disease screening, treatment and follow-up, including the significance of an actual exposure.

4.9 RECORD KEEPING

4.9.1 Medical Records

- a. The Program Administrator shall establish and maintain an accurate record for each employee with an occupational exposure per CCR Title 8 §3204. This record shall include, at minimum:
 - 1. Name and social security number of the employee;
 - 2. A copy of the employee's vaccination and screening test status with dates of all the tests and vaccinations and any medical records relative to the employee's ability to receive vaccination and/or screening tests;
 - 3. A copy of all results of examinations, medical testing, and follow-up procedures;
 - 4. The copy of the LHCP's written opinion; and
 - 5. A copy of the information provided to the LHCP.
- b. The LHCP and Program Administrator shall ensure that employee medical records are kept confidential and not disclosed without employee's written consent to any person except as required by this section or law.
- c. The LHCP shall maintain the records for at least the duration of employment plus 30 years per CCR Title 8 §3204.

4.9.2 Training Records

The Program Administrator and Agency/Department shall ensure training records include training dates, the contents or a summary of the training sessions, the names and qualifications of the trainers, and the names and job titles of those attending the training sessions. Moreover, the Program Administrator and managers/supervisors shall maintain said training records for 3 years from the date of training.

4.9.3 Exposure Incident Records

The Program Administrator and Agency/Department will ensure copies of the Employer's Report of Injury or Illness are maintained for a minimum of 5 years along with the Cal/OSHA 200 log. The Cal/OSHA 200 log shall be available upon request to all employees and the Chief of Cal/OSHA.

4.9.4 Record Availability

- a. The Program Administrator shall ensure that all records maintained shall be available upon request to the Chief of Cal/OSHA and NIOSH for examination and copying.
- b. Training records required shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief of Cal/OSHA, and to NIOSH.

- c. Employee medical records required shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Chief of Cal/OSHA, and to NIOSH per CCR Title 8 §3204.

4.9.5 Transfer of Records

- a. The Program Administrator shall comply with CCR Title 8 §3204 as it pertains to record transfers.
- b. If the County ceases to operate and there is no successor entity to receive and retain the records for the prescribed period, the County shall notify NIOSH at least three months prior to their disposal and transmit them to the NIOSH, if required by NIOSH, within that three month period.

4.10 PROGRAM EVALUATION

4.10.1 Program Administrator

The Program Administrator will monitor annually the effectiveness of the overall program including reviewing (see Appendix D) and updating the IDECP.

4.10.2 Agencies/Departments

Managers/supervisors will semi-annually evaluate the effectiveness of their IDECP and review records to ensure documentation of training and exposure incidents is maintained per the IDECP and report findings and actions to the Program Administrator (see Appendix D).

4.10.3 Employees

Employees will evaluate the effectiveness of the actions they take per the IDECP semi-annually and provide report to manager and supervisor for consolidation for the Program Administrator (see Appendix D).

4.10.4 Licensed Health Care Professional

Licensed Health Care Professional (LCHCP) will audit medical records yearly to ensure IDECP documentation and follow-up is complete and report findings and actions to the Program Administrator.

4.11 REFERENCES

- *Code of Federal Regulations*, Title 29 Part 1910
- *California Code of Regulations*, Title 8 §§ 3203 and 3204
- CDC, Recommendations of the Advisory Committee on Immunization Practices, Parts I-IV
- CDC, Guideline for Infection Control in Health Care Facilities. 1998
- CDC, Guideline for Isolation Precaution in Hospitals. Infectious Control Hospital Epidemiology 1996, 17:53-80
- *Administrative Manual: Risk Management*, County of Ventura

Appendix A

IDECP

Definitions

AIDS: Acquired immunodeficiency syndrome. Diseases caused by HIV that damage the immune system. People with AIDS usually die from diseases they are unable to fight off because of a weakened immune system. These diseases include pneumonia and cancer.

Airborne Precautions: Procedures to reduce the risk of airborne transmission of infectious agents.

Airborne Transmission: Dissemination of either airborne droplet nuclei (small-particle residue, ≤ 5 μm in size, of evaporated droplets that may stay suspended in the air for long periods of time) or dust particles containing the infectious agent.

Air changes: The ratio of the volume of air flowing through a space in a certain period of time (i.e., the airflow rate) to the volume of that space (i.e., the room volume); this ratio is usually expressed as the number of air changes per hour (ACH).

Air-purifying, particulate-filter respirator: Personal protective equipment worn over the mouth and nose that protects employees from exposure to harmful airborne contaminants. A tight face-to-facepiece seal must be maintained to keep contaminants out of the breathing area.

Biohazards: Materials that can be contaminated with blood or other potentially infectious materials (see OPIM).

Blood: Human blood, human blood components, and products made from human blood.

Bloodborne Pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

Body fluids: Fluids contained in the human body such as blood, semen, vaginal secretions, and fluid from inside the body such as spinal fluid, fluid around the heart or lungs or an unborn child.

Carrier: A person who is infected with a disease and is still infectious after the expected time frame for resolution.

Chest X-ray: An image of the inside of a chest. Exposing a film to x-rays that pass through the chest makes a chest x-ray. A doctor can look at this film to see whether TB bacteria have damaged the lungs.

Chief Cal/OSHA: Chief of the Division of Occupational Safety and Health of the California Department of Industrial Relations or designated representative.

Cirrhosis: scarring of the liver tissue that interferes with liver function.

Clinical Laboratory: A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Cohort: A client/patient who has active infection with the same microorganism as another, but with no other infection.

Contact: A person who has spent time with a person with an infectious communicable disease.

Contact Precautions: Procedures used to reduce the risk of transmission of epidemiologically important microorganisms by direct or indirect contact.

Contaminated: The presence or the reasonably anticipated presence of blood or potentially infectious materials on an item or surface.

Contaminated Laundry: Laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

Decontamination: The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal. Decontamination includes procedures regulated by Health and Safety Code §118275.

Direct-Contact Transmission: Involves skin-to-skin contact and physical transfer of microorganisms to a susceptible host from an infected person (e.g., when personnel perform any direct-care activities that require physical contact, or direct-contact between two clients/patients, with one serving as the source and the other as a susceptible host).

Droplet Precautions: Procedures used to reduce the risk of droplet transmission of infectious agents.

Droplet Transmission: Involves contact of the conjunctivae or mucous membranes of the mouth or nose of a susceptible person with large-particle droplets (<5 um in size) containing microorganisms generated from another who has a clinical disease or who is a carrier of the microorganism primarily during coughing, sneezing, or talking and during certain medical procedures (suctioning, bronchoscopy, etc.). Droplets don't remain air suspended and travel only short distances, usually ≤3 feet, through the air.

Engineering Controls: Controls (sharps containers, needleless systems, sharps with engineered sharps injury protection, etc.) that isolate or remove the bloodborne pathogens hazard from the workplace.

Engineered Sharps Injury Protection: Means either

1. A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms; or
2. A physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

Exposure: Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or OPIM that may result from doing job tasks that are likely to transmit bloodborne pathogens from one person to another [e.g., a needle stick, a human bite, mouth-to-mouth resuscitation without a CPR one-way valve mask, having another person's bodily fluids contact the eye, mouth, or skin where a fresh wound, weeping rash, or skin barrier is not intact, i.e., chapped, abraded or afflicted with dermatitis].

Exposure Incident: A specific event that results in an exposure from the performance of a job task.

Handwashing Facilities: A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

HBV: hepatitis B virus.

HBC: hepatitis C virus.

HIV: human immunodeficiency virus.

HBIG: Substance (immune globulin) that helps the body fight off HBV infection.

Indirect-Contact Transmission: Involves contact of a susceptible host with a contaminated intermediate object, usually inanimate, in a source's environment.

Infection: The condition in which organisms are capable of causing disease.

Infectious: Capable of transmitting infection.

ISG: Immune Serum Globulin that helps the body fight off specified communicable diseases (e.g., measles and hepatitis).

LHCP: Licensed Health Care Professional.

Licensed Health Care Professional: A person whose licensed scope of practice includes an activity which the CCR Title 8 § 5193 requires to be performed by a licensed health care professional.

Multi-drug resistant TB (MDR TB): TB disease caused by bacteria resistant to more than one drug often used to treat TB.

Mycobacterium Tuberculosis: Bacteria that cause TB infection and TB disease.

Mucous membranes: Tissue that lines the eyes, nose and mouth.

Needle or Needle Device: Means a needle of any type, including, but not limited to, solid and hollow-bore needles.

Needleless system: Means a device that does not utilize needles for:

1. The withdrawal of body fluids after initial venous or arterial access is established;
2. The administration of medication or fluids; and
3. Any other procedure involving the potential for an exposure incident.

Negative Pressure: The relative air pressure difference between two areas in a facility where the room or area has lower pressure than adjacent areas, which keeps air from flowing out of the room and into adjacent rooms or areas.

Negative PPD Reaction: A negative TB skin test reaction suggests probability of no TB infection.

NIOSH: Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

Occupational Occurrence: a specific event (i.e., First Aid or CPR response) involving the presence of blood or infectious materials with protected individual contact or no direct individual contact.

One-Hand Technique: A procedure wherein the needle of a reusable syringe is capped in a sterile manner during use. The technique employed shall require the use of only the hand holding the syringe so that the free hand is not exposed to the uncapped needle.

OPIM: other potentially infectious materials

Other Potentially Infectious Materials:

1. The following human body fluids: semen, vaginal, secretions, cerebrospinal fluid, synovial, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all other body

fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response;

2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
3. Any of the following, if known or reasonably likely to contain or be infected with infected with HIV, HBV, or HCV:
 - a. Cell, tissue, or organ cultures from humans or experimental animals;
 - b. Blood, organs, or other tissues from experimental animals; or
 - c. Culture medium or other solutions.

Liver: An organ that removes unusable or poisonous materials from the blood and helps with blood clotting.

Parenteral: Piercing mucous membranes or the skin barrier through such events as needle/sharp sticks, human bites, cuts, and abrasions.

Pathogen: A microorganism (e.g., bacteria, virus, fungus) that can cause disease in humans.

Personal Protective Equipment (PPE): Specialized clothing or equipment worn by employees for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be PPE.

Positive PPD Reaction: If you have a positive TB skin test reaction, you probably have TB infection.

Preventive therapy: Treatment for people with TB infection that prevents them from developing TB disease.

Pulmonary TB: TB disease that occurs in the lungs, usually producing a cough that lasts longer than 2 weeks. Most TB disease is pulmonary.

Purified Protein Derivative (PPD): A substance, which is injected under the skin on the lower part of the arm and is examined 48-72 hours after the injection. If there is a positive reaction to this test, the individual probably has TB infection and needs a medical evaluation.

Regulated Waste: means any of the following:

1. Liquid or semi-liquid blood or OPIM;
2. Contaminated items that:
 - a. Contain liquid or semi-liquid blood, or are caked with dried blood or OPIM; and
 - b. Are capable of releasing these materials when handled or compressed.
3. Contaminated sharps.
4. Pathological and microbiological wastes containing blood or OPIM.
5. Regulated Waste includes "medical waste" regulated by Health and Safety Code §§ 117600 through 118360.

Resistant bacteria: Bacteria that can no longer be killed by a certain drug/s.

Resuscitation devices: Items used to assist in bringing back breathing or other life signs and provide a barrier to direct contact.

Sharp: Any object used or encountered in the industries covered by CCR Title 8 §5193(a) that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

Sharps container: Leak-proof container designed for disposing of contaminated sharp objects.

Sharps Injury: Any injury caused by a sharp (e.g., cuts, abrasions, or needlesticks).

Sharps Injury Log: A written or electronic record per CCR Title 8 §5193 (c)(2).

Smear: A test to see whether there are TB bacteria in your phlegm. To do this test, lab workers smear the phlegm on a glass slide, stain the slide with a special stain, and look for any TB bacteria on the slide. This test usually takes one day.

Source: Any person (living or dead) whose blood or OPIM may result in an exposure incident.

Sputum: Phlegm coughed up from deep inside the lungs. Sputum is examined for TB bacteria using a smear; part of the sputum can also be used to do a culture.

Standard Precautions: Merge features of *Universal Precautions* used to reduce the risk of transmission of bloodborne pathogens and *Body Substances Isolation* used to reduce the risk of transmission of pathogens from moist body substances and applies them to all those receiving service or care, regardless of their diagnosis or presumed infection status. Standard Precautions apply to (1) blood; (2) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood; (3) non-intact skin; and (4) mucous membranes.

TB Disease: An illness where TB bacteria are multiplying and attacking different parts of the body. Symptoms of TB disease include weakness, weight loss, fever, no appetite, chills, and night sweating. Other symptoms of TB disease depend on where in the body the bacteria are growing. If TB disease is in the lungs (pulmonary TB), the symptoms may include a bad cough, pain in the chest, and coughing up blood. A person diagnosed with pulmonary TB disease is infectious to others, but not always.

TB Infection: A condition in which TB bacteria are alive but inactive in the body. People with TB infection have no symptoms, do not feel sick, cannot spread TB to others, and usually have a positive skin test reaction. A person diagnosed with TB infection is not infectious to others.

Transmission-Based Precautions: Designed for clients or patients documented or suspected to be infected with highly transmissible or epidemiologically important pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission. There are three types of Transmission-Based Precautions: Airborne Precautions, Droplet Precautions, and Contact Precautions. They may be combined for diseases that have multiple routes of transmission. When used either singularly or in combination, they are to be used in addition to Standard Precautions.

Two-Step TB Skin Test: A baseline test to account for the effect of the booster phenomenon. The second skin test is administered 1 to 3 weeks following the first skin test.

Universal Precautions: An approach to employee health and infection control where all human blood and certain body fluids are treated and handled as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

Vaccine: an agent given to prevent infection from disease, such as HBV, measles, or polio.

Work Practice Controls: Controls that reduce the likelihood of exposure by defining the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique and use of patient-handling techniques).

Appendix B

IDECP

- ▶ Table 1: Infectious Disease Information
- ▶ Table 2: Type and Duration of Precaution Needed for Selected Infections and Conditions

Table 1: Infectious Disease Information

Disease/Infection	Mode of Transmission	Vaccine?	Signs and Symptoms	Controls
AIDS/HIV - human immunodeficiency virus	Bloodborne -- blood splash into mucous membranes (e.g., eyes), needlestick, blood contact with open wound, sexual contact	No	Fever, night sweats, weight loss, cough	See §2.0
Chickenpox	Airborne -- Respiratory secretions and contact with moist vesicles	Yes	Fever, itchy blister rash	Vaccinate based on immunity/disease history. Use engineering and work practice controls as described in Table 2
Diarrhea: Campylobacter Cryptosporidium Giardia Salmonella Shigella Viral Yersinia	Fecal/Oral -all ↓	No No No →→→→ No No No	Loose watery stools - all ↓ →→Only for <i>Typhi</i>	Eat and drink only from approved sources and use controls described in Table 2 with good hygiene practice. Typhoid vaccine not recommended routinely (even sewage workers). Follow CDC recommendations for vaccine.
German Measles (Rubella)	Airborne -- Respiratory droplets and contact with respiratory secretions	Yes	Fever, rash	Vaccinate based on immunity & use controls as described in Table 2
Hanta Virus	Airborne -- inhaled aerosol of deer mouse or infected rodent fecal droppings, urine or saliva	No	High fever, muscle aches, cough, and headache	Follow guidance in App. E
Hepatitis A (Infectious Hepatitis)	Fecal/Oral	Yes	Fatigue, fever, loss of appetite, nausea, jaundice	Only eat & drink from approved sources & use controls as described in Table 2 with good hygiene practice. Vaccinate per County PH policy & CDC guidance.
Hepatitis B	Same as AIDS/HIV	Yes	Same as hep A	See §2.0
Hepatitis C	Same as hep B	No	Same as hep A	See §2.0
Hepatitis D	Same as hep. B dependent on the hep. B virus to cause infection	No	Same as hep A	See §2.0
Hepatitis E	Fecal/Oral	No	Same as hep A plus abdominal pain & arthralgia	Same as hep A, but no vaccination.
Other non-A & B Hepatitis (e.g., G)	Different modes, but most likely bloodborne (no test to identify)	No	Same as hep A	See §2.0
Herpes Simplex (Cold Sores)	Contact of mucous membranes with moist	No	Skin lesions located usually around the mouth	Follow controls described in Table 2.

Disease/Infection	Mode of Transmission	Vaccine?	Signs and Symptoms	Controls
	lesions, sexual contact			
Herpes Zoster (Shingles -- localized or disseminated) See Chickenpox	Contact with moist lesions	No	Skin lesions	Avoid direct contact. Use controls described in Table 2 with good hygiene practice
Influenza (FLU)	Airborne -- Respiratory droplets & contact with nasal or throat secretions	Yes	Fever, chills, fatigue, loss of appetite, nausea, headache	Vaccinate yearly per CDC guidance. Use controls described in Table 2
Lice - head, body, pubic	Close head to head contact. Both body & pubic require intimate contact (usual sexual) or sharing of intimate clothing	No	Severe itching & scratching, often with secondary infection. Scalp & hairy portions of body may be affected. Eggs of head lice (nits) attach to hairs as small, round, gray lumps	Examine & treat if infested. Use good hygiene & avoid direct contact. Enclose contaminated articles in plastic bags for 10 days or clean in hot water & machine dry hot or dry-clean. Vacuum chairs, etc. See controls described in Table 2
Measles	Airborne -- Respiratory droplets and contact with nasal or throat secretions	Yes	Fever, cough, conjunctivitis, rash	Vaccinate based on immunity & use engineering & work practice controls as described in Table 2.
Meningitis - Meningococcal	Contact with respiratory secretions	Yes - For Groups A, C, Y, & W135	Fever, severe headache, stiff neck, sore throat.	Vaccinate per County PH policy & CDDC guidance. Use engineering & work practice controls as in Table 2
Meningitis - Viral Meningitis	Fecal/oral	No	Same as Meningococcal	Use controls as described in Table 2 with good hygiene practice
Mononucleosis	Contact with respiratory secretions or saliva	No	Fever, sore throat, fatigue	Use good hygiene and controls as described in Table 2
Mumps	Airborne -- Respiratory droplets & contact with saliva	Yes	Fever, swelling of salivary glands (parotid)	Vaccination or prior immunity follow controls as described in Table 2
Plague - Bubonic	Contact by infected flea bite or with infected tissues and fluid	Yes	Fever & painful lymphadenopathy involving the inguinal, axillary, or cervical lymph nodes (buboes), chills, headaches & rapidly progressive weakness	Vaccinate per County PH policy & CDC guidance. Avoid direct contact. Use protective equipment when collecting samples, good hygiene & controls as described in Table 2
Plague - Septicemic	Contact as above usually secondary to Buboni	Yes	Fever, chills, headaches & rapidly progressive weakness, hypotension, consumption coagulopathy	Vaccinate per County PH policy & CDC guidance. Good hygiene & controls per Table 2.
Plague - Pneumonic	Airborne -- inhalation of respiratory droplets from respiratory infected human or cat	Yes	Fever, chills, headaches and rapidly progressive weakness, cough, dyspnea and hemoptysis	Vaccinate per County PH policy & CDC guidance. Good hygiene and droplet precautions per Table 2
Rabies	Contact -- bite or by licking of mucosa or open wounds	Yes	Anxiety, dysphagia, convulsions, paralysis and death	Vaccinate high risk groups per CDC guidance & County PH policy, vaccinate domestic animals, avoid

Disease/Infection	Mode of Transmission	Vaccine?	Signs and Symptoms	Controls
				contact with wild animals & those with unknown vaccine history
Salmonellosis	Foodborne	No	Sudden onset of fever, abdominal pain, diarrhea, nausea, and frequent vomiting	Eat and drink only from approved sources and use controls per Table 2 with good hygiene practice
Scabies	Close body contact	No	Itching, tiny linear burrows or "tracks", blisters -- particularly around skin folds	Avoid direct contact and use controls per Table 2 with good hygiene practice. Examine and treat if infested.
Streptococcal (Group A) Infections	Contact with respiratory secretion	No	Sore Throat	Use good hygiene and work practices per Table 2. Follow and complete treatment.
Syphilis	Primarily sexual contact; rarely bloodborne	No	Primary Stage-Painless ulcers/lesions Secondary Stage- generalize rash also on palms & soles	Use controls as per Table 2 & see §2.0.
Tuberculosis (pulmonary)	Airborne -- Respiratory droplets	Yes - Not given in US -- doesn't prevent infection	Fever, night sweats, weight loss, cough, bloody sputum	See §3.0 and Table 2
Whooping cough (pertussis)	Airborne -- Respiratory droplets & direct contact with oral secretions	Yes	Violent cough at night, whooping sound when cough subsides	Vaccinate per PH Policy and CDC guidance and controls in Table 2.

Table 2: Type and Duration of Precautions Needed for Selected Infections and Conditions

Infection/Condition	Precautions	
	Type	Duration
Abscess - Draining, major (1)	C	DI
Abscess - Draining, minor or limited (2)	S	DI
Acquired immunodeficiency syndrome (3)	S	DI
Actinomycosis	S	DI
Adenovirus infection, in infants and young children	D,C	DI
Amebiasis	S	DI
Anthrax - Cutaneous	S	DI
Anthrax - Pulmonary	S	DI
Antibiotic-associated colitis (see Clostridium difficile)	-----	-----
Arthropodborne viral encephalitides (eastern, western, Venezuelan equine encephalomyelitis; St. Louis, California encephalitis)	S(4)	DI
Arthropodborne viral fevers (dengue, yellow fever, Colorado tick fever)	S(4)	DI
Ascariasis	S	DI
Aspergillosis	S	DI
Babesiosis	S	DI
Blastomycosis, North American, cutaneous or pulmonary	S	DI
Botulism	S	DI
Bronchiolitis (see respiratory infections in infants and young children)	-----	-----
Brucellosis (undulant, Malta, Mediterranean fever)	S	DI
Campylobacter gastroenteritis (see gastroenteritis)	-----	-----
Candidiasis, all forms including mucocutaneous	S	DI
Cat-scratch fever (benign inoculation lymphoreticulosis)	S	DI
Cellulitis, uncontrolled drainage	C	DI
Chancroid (soft chancre)	S	DI
Chickenpox (varicella; see F (5) for varicella exposure)	A,C	F(5)
Chlamydia trachomatis	-----	-----
Conjunctivitis	S	DI
Genital	S	DI
Respiratory	S	DI
Cholera (see gastroenteritis)	-----	-----
Closed-cavity infection - Draining, limited or minor	S	DI
Closed-cavity infection - Not draining	S	DI
Clostridium	-----	-----
C botulinum	S	DI
C difficile	C	DI
C perfringens	-----	-----
Food poisoning	S	DI
Gas gangrene	S	DI
Coccidioidomycosis (valley fever) - Draining lesions	S	DI
Coccidioidomycosis (valley fever) - Pneumonia	S	DI

Infection/Condition	Precautions	
	Type	Duration
Colorado tick fever	S	DI
Congenital rubella	C	F(6)
Conjunctivitis	-----	-----
Acute bacterial	S	DI
Chlamydia	S	DI
Gonococcal	S	DI
Acute viral (acute hemorrhagic)	C	DI
Coxsackievirus disease (see enteroviral infection)	-----	-----
Creutzfeldt-Jakob disease	S(7)	DI
Croup (see respiratory infections in infants and young children)	-----	-----
Cryptococcosis	S	DI
Cryptosporidiosis (see gastroenteritis)	-----	-----
Cysticercosis	S	DI
Cytomegalovirus infection, neonatal or immunosuppressed	S	DI
Decubitus ulcer, infected - Major (1)	C	DI
Decubitus ulcer, infected - Minor or limited (2)	S	DI
Dengue	S(4)	DI
Diarrhea, acute -- infective etiology suspected (see gastroenteritis)	-----	-----
Diphtheria - Cutaneous	C	CN(8)
Diphtheria - Pharyngeal	D	CN(8)
Ebola viral hemorrhagic fever	C(9)	DI
Echinococcosis (hydatidosis)	S	DI
Echovirus (see enteroviral infection)	-----	-----
Encephalitis or encephalomyelitis (see specific etiologic agents)	-----	-----
Endometritis	S	DI
Enterobiasis (pinworm disease, oxyuriasis)	S	DI
Enterococcus species (see multidrug-resistant organisms if epidemiologically significant or vancomycin resistant)	-----	-----
Enterocolitis, Clostridium difficile	C	DI
Enteroviral infections - Adults	S	DI
Enteroviral infections - Infants & young children	C	DI
Epiglottitis, due to Haemophilus influenzae	D	U(24 hrs)
Epstein-Barr virus infection, including infectious mononucleosis	S	DI
Erythema infectiosum (also see Parvovirus B19)	S	DI
Escherichia coli gastroenteritis (see gastroenteritis)	-----	-----
Food poisoning	-----	-----
Botulism	S	DI
Clostridium perfringens or welchii	S	DI
Staphylococcal	S	DI
Furunculosis -- staphylococcal	-----	-----
Infants & young children	C	DI
Gangrene (gas gangrene)	S	DI

Infection/Condition	Precautions	
	Type	Duration
Gastroenteritis	-----	-----
Campylobacter species	S(10)	DI
Cholera	S(10)	DI
Clostridium difficile	C	DI
Cytosporidium species	S(10)	DI
Escherichia coli	-----	-----
Enterohemorrhagic O157:H7	S(10)	DI
Diapered or incontinent	C	DI
Other species	S(10)	DI
Giardia lamblia	S(10)	DI
Rotavirus	S(10)	DI
Diapered or incontinent	C	DI
Salmonella species including S typhi)	S(10)	DI
Shigella species	S(10)	DI
Diapered or incontinent	C	DI
Vibrio parahaemolyticus	S(10)	DI
Viral (if not covered elsewhere)	S(10)	DI
Yersinia enterocolitica	S(10)	DI
German measles (rubella)	D	F(22)
Giardiasis (see gastroenteritis)	-----	-----
Gonococcal ophthalmia neonatorum (gonorrheal ophthalmia, acute conjunctivitis of newborn)	S	DI
Gonorrhea	S	DI
Granuloma inguinale (donovanosis, granuloma venereum)	S	DI
Guillain-Barre syndrome	S	DI
Hand, foot, and mouth disease (see enteroviral infection)	-----	-----
Hantavirus pulmonary syndrome	S	DI
Helicobacter pylori	S	DI
Hemorrhagic fevers (for example, Lassa and Ebola)	C(9)	DI
Hepatitis, viral	-----	-----
Type A	S	DI
Diapered or incontinent patients	C	F(11)
Type B -- HBsAg positive	S	DI
Type C & other unspecified non-A, non-B	S	DI
Type E	S	DI
Herpangina (see enteroviral infection)	-----	-----
Herpes simplex (Herpesvirus hominis)	-----	-----
Encephalitis	S	DI
Neonatal (12) (see F (12) for neonatal exposure)	C	DI
Mucocutaneous, disseminated or primary, severe	C	DI
Mucocutaneous, recurrent (skin, oral, genital)	S	DI
Herpes zoster (varicella-zoster)	-----	-----

Infection/Condition	Precautions	
	Type	Duration
Localized in immunocompromised patient, or disseminated	A,C	DI(13)
Localized in normal patient	S(13)	DI
Histoplasmosis	S	DI
HIV (see human immunodeficiency virus)	S	DI
Hookworm disease (ancylostomiasis, uncinariasis)	S	DI
Human immunodeficiency virus (HIV) infection (3)	S	DI
Impetigo	C	U(24 hrs)
Infectious mononucleosis	S	DI
Influenza	D(14)	DI
Kawasaki syndrome	S	DI
Lassa fever	C(9)	DI
Legionnaires' disease	S	DI
Leprosy	S	DI
Leptospirosis	S	DI
Lice (pediculosis)	C	U(24 hrs)
Listeriosis	S	DI
Lyme disease	S	DI
Lymphocytic choriomeningitis	S	DI
Lymphogranuloma venereum	S	DI
Malaria	S(4)	DI
Marburg virus disease	C(9)	DI
Measles (rubeola), all presentations	A	DI
Melioidosis, all forms	S	DI
Meningitis	-----	-----
Aseptic (nonbacterial or viral meningitis - also see enteroviral infections)	S	DI
Bacterial, gram-negative enteric, in neonates	S	DI
Fungal	S	DI
Haemophilus influenzae, known or suspected	D	U(24 hrs)
Listeria monocytogenes	S	DI
Neisseria meningitidis (meningococcal) known or suspected	D	U(24 hrs)
Pneumococcal	S	DI
Tuberculosis (15)	S	DI
Other diagnosed bacterial	S	DI
Meningococcal pneumonia	D	U(24 hrs)
Meningococemia (meningococcal sepsis)	D	U(24 hrs)
Molluscum contagiosum	S	DI
Mucormycosis	S	DI
Multidrug-resistant organisms, infection or colonization (16)	-----	-----
Gastrointestinal	C	CN
Respiratory	C	CN
Pneumococcal	S	DI
Skin, wound, or burn	C	CN

Infection/Condition	Precautions	
	Type	Duration
Mumps (infectious parotitis)	D	F(17)
Mycobacteria, nontuberculosis (atypical) - Pulmonary	S	DI
Mycobacteria, nontuberculosis (atypical) - Wound	S	DI
Mycoplasma pneumonia	D	DI
Necrotizing enterocolitis	S	DI
Nocardiosis, draining lesions or other presentations	S	DI
Norwalk agent gastroenteritis (see viral gastroenteritis)	-----	-----
Orf	S	DI
Parainfluenza virus infection, respiratory in infants and young children	C	DI
Parvovirus B19	D	F(18)
Pediculosis (lice)	C	U(24 hrs)
Pertussis (whooping cough)	D	F(19)
Pinworm infection	S	DI
Plague - Bubonic	S	DI
Plague - Pneumonic	D	U(72 hrs)
Pleurodynia (see enteroviral infection)	-----	-----
Pneumonia	-----	-----
Adenovirus	D,C	DI
Bacterial not listed elsewhere (including gram-negative bacterial)	S	DI
Burkholderia cepacia in cystic fibrosis (CF) patients, including respiratory tract colonization	S(20)	DI
Chlamydia	S	DI
Fungal	S	DI
Haemophilus influenzae - Adults	S	DI
Haemophilus influenzae - Infants & children (any age)	D	U(24 hrs)
Legionella	S	DI
Meningococcal	D	U(24 hrs)
Multidrug-resistant bacterial (see multidrug-resistant organisms)	-----	-----
Mycoplasma (primary atypical pneumonia)	D	DI
Pneumococcal	S	DI
Multidrug-resistant (see multidrug-resistant organisms)	-----	-----
Pneumocystis carinii	S(21)	DI
Pseudomonas cepacia (see Burkholderia cepacia)	S(20)	DI
Staphylococcus aureus	S	DI
Streptococcus, Group A - Adults	S	DI
Streptococcus, Group A - Infants & young children	D	U(24 hrs)
Viral - Adults	S	DI
Viral - Infants & young children (see respiratory infectious disease, acute)	-----	-----
Poliomyelitis	S	DI
Psittacosis (ornithosis)	S	DI
Q fever	S	DI
Rabies	S	DI

Infection/Condition	Precautions	
	Type	Duration
Rat-bite fever (Streptobacillus moniliformis disease, Spirillum minus disease)	S	DI
Relapsing fever	S	DI
Resistant bacterial infection or colonization (see multidrug-resistant organisms)	-----	-----
Respiratory infectious disease, acute (if not covered elsewhere)	-----	-----
Adults	S	DI
Infants & young children (3)	C	DI
Respiratory syncytial virus infection, in infants, young children, & immunocompromised adults	C	DI
Reye's syndrome	S	DI
Rheumatic fever	S	DI
Rickettsial fevers, tickborne (Rocky Mtn. spotted fever, tickborne typhus fever)	S	DI
Rickettsialpox (vesicular rickettsiosis)	S	DI
Ringworm (dermatophytosis, dermatomycosis, tinea)	S	DI
Ritter's disease (staphylococcal scalded skin syndrome)	S	DI
Rocky Mountain spotted fever	S	DI
Roseola infantum (exanthem subitum)	S	DI
Rotavirus infection (see gastroenteritis)	-----	-----
Rubella (German measles; also see congenital rubella)	D	F(22)
Salmonellosis (see gastroenteritis)	-----	-----
Scabies	C	U(24 hrs)
Scalded skin syndrome, staphylococcal (Ritter's disease)	S	DI
Schistosomiasis (bilharziasis)	S	DI
Shigellosis (see gastroenteritis)	-----	-----
Sporotrichosis	S	DI
Spirillum minus disease (rat-bite fever)	S	DI
Staphylococcal disease (S aureus)	-----	-----
Skin, wound, or burn - Major (1)	C	DI
Skin, wound, or burn - Minor or limited (2)	S	DI
Enterocolitis	S(10)	DI
Multidrug-resistant (see multidrug-resistant organisms)	-----	-----
Pneumonia	S	DI
Scalded skin syndrome	S	DI
Toxic shock syndrome	S	DI
Streptobacillus moniliformis disease (rat-bite fever)	S	DI
Streptococcal disease (group A streptococcus)	-----	-----
Skin, wound, or burn - Major (1)	C	U(24 hrs)
Skin, wound, or burn - Minor or limited (2)	S	DI
Endometritis (puerperal sepsis)	S	DI
Pharyngitis in infants and young children	D	U(24 hrs)
Pneumonia in infants and young children	D	U(24 hrs)
Scarlet fever in infants and young children	D	U(24 hrs)
Streptococcal disease (group B streptococcus), neonatal	S	DI

Infection/Condition	Precautions	
	Type	Duration
Streptococcal disease (not group A or B) unless covered elsewhere	S	DI
Multidrug-resistant (see multidrug-resistant organisms)	-----	-----
Strongyloidiasis	S	DI
Syphilis	-----	-----
Skin and mucous membrane, including congenital, primary, secondary	S	DI
Latent (tertiary) and seropositivity without lesions	S	DI
Tapeworm disease	-----	-----
Hymenolepis nana	S	DI
Taenia solium (pork)	S	DI
Other	S	DI
Tetanus	S	DI
Tinea (fungus infection dermatophytosis, dermatomycosis, ringworm)	S	DI
Toxoplasmosis	S	DI
Toxic shock syndrome (staphylococcal disease)	S	DI
Trachoma, acute	S	DI
Trench mouth (Vincent's angina)	S	DI
Trichinosis	S	DI
Trichomoniasis	S	DI
Trichuriasis (whipworm disease)	S	DI
Tuberculosis	-----	-----
Extrapulmonary, draining lesion (including scrofula)	S	DI
Extrapulmonary, meningitis (15)	S	DI
Pulmonary, confirmed or suspected or laryngeal disease	A	F(23)
Skin-test positive with no evidence of current pulmonary disease.	S	DI
Tularemia	-----	-----
Draining lesion	S	DI
Pulmonary	S	DI
Typhoid (Salmonella typhi) fever (see gastroenteritis)	-----	-----
Typhus, endemic and epidemic	S	DI
Urinary tract infection (including pyelonephritis), w/ or w/o urinary catheter	S	DI
Varicella (chickenpox)	A,C	F(5)
Vibrio parahaemolyticus (see gastroenteritis)	-----	-----
Vincent's angina (trench mouth)	S	DI
Viral diseases	-----	-----
Respiratory (if not covered elsewhere)	-----	-----
Adults	S	DI
Infants and young children (see respiratory infectious disease, acute)	-----	-----
Whooping cough (pertussis)	D	F(19)
Wound infections - Major (1)	C	DI
Wound infections - Minor or limited (2)	S	DI
Yersinia enterocolitica gastroenteritis (see gastroenteritis)	-----	-----
Zygomycosis (phycomycosis, mucormycosis)	S	DI

Infection/Condition	Precautions	
	Type	Duration
Zoster (varicella-zoster)	-----	-----
Localized in immunocompromised patient, disseminated	A,C	DI(13)
Localized in normal patient	S(13)	DI
<i>The following are clinical syndromes or conditions (25) warranting added empiric precautions to prevent transmission of epidemiological important pathogens (26) pending confirmation of diagnosis (24).</i>		
Diarrhea	-----	-----
Acute with likely infections cause in an incontinent or diapered patient -- possible pathogen enteric (27)	C	DI
Adult with history of recent antibiotic use -- possible pathogen: clostridium difficile	C	DI
Rash or exanthems, generalized, etiology unknown	-----	-----
Petechial/ecchymotic with fever -- possible pathogen: neisseria meningitidis	D	DI
Vesicular -- possible pathogen: varicella	A	DI
Maculopapular with coryza and fever -- possible pathogen: rubeola	A	DI
Respiratory infections	-----	-----
Cough/fever/upper lobe pulmonary infiltrate in an HIV-negative person or one at low risk for HIV infection -- possible pathogen: mycobacterium TB	A	DI
Cough/fever/pulmonary infiltrate in any lung location in an HIV-infected patient or a patient at high risk for HIV infection (23) -- possible pathogen: Mycobacterium TB	A	DI
Paroxysmal or severe persistent cough during periods of pertussis activity -- possible pathogen: bordetella pertussis	D	DI
Respiratory infections, particularly bronchiolitis and croup, in infants & young children -- possible pathogen: Respiratory syncytial or parainfluenza virus	C	DI
Risk of multidrug-resistant microorganisms	-----	-----
History of infection or colonization with multidrug-resistant organisms (28) -- possible pathogen: Resistant bacteria	C	DI
Skin, wound, or urinary tract infection in a patient with a recent hospital or nursing home stay in a facility where multidrug-resistant organisms are prevalent -- possible pathogen: Resistant bacteria	C	DI
Skin or Wound Infection	-----	-----
Abscess or draining wound that cannot be covered -- possible pathogen: Staphylococcus aureus, Group A streptococcus	C	DI

Type: A=Airborne C=Contact D=Droplet S=Standard
When A, C, & D are specified, also use S.

Duration: CN=until off antibiotics and culture-negative
DH=duration of hospitalization
DI=duration of illness (with wound lesions, DI=until they stop draining)
U =until time specified in hours (hrs) after initiation of effective therapy
F =see footnote number.

Notes:

- (1) No dressing or dressing does not contain drainage adequately.
- (2) Dressing covers and contains drainage adequately.
- (3) Also see syndromes of conditions listed in Table 2.
- (4) Install screens in windows and doors in endemic areas.
- (5) Maintain precautions until all lesions are crusted. The average incubation period for varicella is 10 to 16 days (range = 10 to 21 days). After exposure, use varicella zoster immune globin (VZIG) when appropriate, and discharge susceptible patients if possible. Place exposed susceptible patients on Airborne Precautions beginning 10 days after exposure and continuing until 21 days after last exposure (up to 28 days if VZIG has been given). Susceptible persons should not enter the room of patients on precautions if other immune caregivers are available.
- (6) Place infant on precautions during any admission until 1 year of age, unless nasopharyngeal and urine cultures are negative for virus after age 3 months.
- (7) Additional precautions are needed for handling and decontamination of blood, body fluids and tissues, and contaminated items from patients with confirmed or suspected disease. See latest College of American Pathologists (Northfield, Illinois) guidelines or other references.
- (8) Until two cultures taken at least 24 hrs apart are negative.
- (9) Call state health department and CDC for specific advice about management of a suspected case. During the 1995 Ebola outbreak in Zaire, interim recommendations were published. (97) Pending a comprehensive review of the epidemiologic data from the outbreak and evaluation of the interim recommendations, the 1988 guidelines for management of patients with suspected viral hemorrhagic infections (16) will be reviewed and updated if indicated.
- (10) Use Contact Precautions for diapered or incontinent <6 yrs old for duration of illness.
- (11) Maintain precautions in those <3 years old for duration of hospitalization; in those 3 to 14 yrs old, until 2 weeks after onset of symptoms; and in others, until 1 week after onset of symptoms.
- (12) For infants delivered vaginally or by C-section and if mother has active infection and membranes have been ruptured for more than 4 to 6 hrs.
- (13) Persons susceptible to varicella are also at risk for developing varicella when exposed to patients with herpes zoster lesions; therefore, susceptibles should not enter the room if other immune caregivers/service providers are available.
- (14) The "Guideline for Prevention of Nosocomial Pneumonia" (95,96) recommends surveillance, vaccination, antiviral agents, and use of private rooms with negative air pressure as much as feasible for patients for whom influenza is suspected or diagnosed. Many hospitals encounter logistic difficulties and physical plant limitations when admitting multiple patients with suspected influenza during community outbreaks. If sufficient private rooms are unavailable, consider cohorting patients or, at the very least, avoid room sharing with high-risk patients. See "Guideline for Prevention of Nosocomial Pneumonia" (95,96) for additional prevention and control strategies.
- (15) Patient should be examined for evidence of current (active) pulmonary tuberculosis. If evidence exists, additional precautions are necessary (see tuberculosis).
- (16) Resistant bacteria judged by the infection control program, based on current state, regional, or national recommendations, to be of special clinical and epidemiologic significance.
- (17) For 9 days after onset of swelling.

- (18) Maintain precautions for duration of hospitalization when chronic disease occurs in an immunodeficient patient. For patients with transient aplastic crisis or red-cell crisis, maintain precautions for 7 days.
- (19) Maintain precautions until 5 days after patient is placed on effective therapy.
- (20) Avoid cohorting or placement in the same room with a CF patient who is not infected or colonized with *B cepacia*. Persons with CF who visit or provide care and are not infected or colonized with *B cepacia* may elect to wear a mask when within 3 ft of a colonized or infected patient.
- (21) Avoid placement in the same room with an immunocompromised patient.
- (22) Until 7 days after onset of rash.
- (23) Discontinue precautions only when TB patient is on effective therapy, is improving clinically, and has three consecutive negative sputum smears collected on different days, or TB is ruled out. Also see CDC "Guidelines for Preventing the Transmission of Tuberculosis in Health-Care Facilities." (23)
- (24) Infection control professionals are encouraged to modify or adapt this table according to local conditions. To ensure that appropriate empiric precautions are implemented always, hospitals must have systems in place to evaluate patients routinely according to these criteria as part of their preadmission and admission care.
- (25) Patients with the syndromes or conditions listed may present with atypical signs or symptoms (e.g., pertussis in neonates and adults may not have paroxysmal or severe cough). The clinician's index of suspicion should be guided by the prevalence of specific conditions in the community, as well as clinical judgment.
- (26) The organisms listed as "possible pathogen" are not intended to represent the complete, or even most likely, diagnoses, but rather possible etiologic agents that require additional precautions beyond Standard Precautions until they can be ruled out.
- (27) These pathogens include enterohemorrhagic *Escherichia coli* O157:H7, *Shigella*, hepatitis A, and rotavirus.
- (28) Resistant bacteria judged by the infection control program, based on current state, regional, or national recommendations, to be of special clinical or epidemiological significance.

Reference Section 5.0 Job Classification Risk Categories – Page 5-1

➤ Job Classification Risk Categories

- Category 1
- Category 2
- Category 3 (*all other job classifications
--not listed here*)

Appendix D

IDECP

- ▶ IDECP Program Administrator
- ▶ IDECP Manager/Supervisor Evaluation
- ▶ IDECP Employee Evaluation

Infectious Disease Exposure Control Plan Program Administrator Evaluation

Evaluator: _____ Date: _____

"X" all that apply. If "?" provide notes in J. If item is not applicable, write "NA" in "?" column. Leave no blanks.

Yes	No	?	ITEM
/////	///	/////	A. Exposure Control Plan/Determinations
			(a) Are employees exposed to infectious diseases other than Bloodborne or TB?
			(b) Is there a written IDECP?
			(c) Is there a list of Cat. 1 job classifications where employees have high risk of exposure up to date?
			(d) Is there a list of Cat. 2 job classifications where employees have moderate risk of exposure up to date?
			(e) Is there a list of Cat. 3 job classifications where employees have very low risk of exposure up to date?
			(f) Is a copy of the IDECP accessible to employees?
			(g) Is the IDECP reviewed & updated at least annually?
/////	///	/////	B. Methods Of Compliance
			(a) Are Standard & Transmission-based Precautions observed?
			(b) Engineering controls used to minimize employee exposures? If yes, list examples
			(c) Is local exhaust ventilation used with High Risk Medical Procedures (HRMP) based on type of potential exposure?
			(d) Is negative pressure rooms' air exchange rate 6/hr (built before 1996) or \geq 12/hr (built after 1996)?
			(e) Are HEPA filtration units effectively creating \geq 12 air changes/hr?
			(f) Are ventilation systems verified after installation, renovation & semi-annually &/or annually by an industrial hygiene evaluation?
			(g) Are ventilation systems used checked daily for operational capability?
			(h) Are ventilation systems maintained per manufacturer's recommendations along with monthly checks?
			(i) Are air intakes at a sufficient distance from local exhaust ventilation to prevent cross contamination?
			(j) Work practice controls used to minimize employee exposures?
			(k) Are hands washing facilities readily accessible to employees? If not feasible, are antiseptic hand cleansers, towelettes available?
			(l) Do employees wash hands after removal of PPE?
			(m) Do employees wash hands after contacting potentially infectious materials?
			(n) Food, drink, smoking & cosmetics not used near infectious materials?
			(o) Are potentially infectious specimens placed in leakproof containers during handling, processing, storage, transport or shipping?
/////	///	/////	C. Personal Protective Equipment (PPE)
			(a) Is appropriate PPE provided to employees ?
			(b) Is PPE used properly & consistently?
			(c) PPE accessible in the worksite?
			(d) Is PPE correct size & fit properly?
			(e) Is the PPE clean & in good repair?
			(f) PPE stored properly after use?
			(g) Masks, eye protection &/or face shield, respirators, gowns, gloves & shoe covers worn when there is reasonable anticipated splashing, spray, spatter or droplets of potentially TB infected material?
			(h) Gowns, aprons, & other protective body covering worn when appropriate?
			(i) Gloves:
			(1) Used when exposure to potentially infectious materials can reasonably be anticipated?
			(2) Single use gloves disposed of when barrier is compromised or after one use?
			(3) Reusable utility gloves inspected & decontaminated effectively?
			(j) Respirators:
			(1) Are respirators used when doing HRMP, entering an isolation area, transporting, or providing direct service or care to a highly suspect or actual infectious disease case with airborne or droplet precautions as required?
			(2) Are respirators used when maintaining or changing HEPA filters in ventilation systems
			(3) Are all provisions for medical clearance, training & fit testing complete per the County Respiratory

Yes	No	?	ITEM
			Protection Program prior to respirator use?
////	////	////	D. Housekeeping
			(a) Is worksite in a clean & sanitary condition?
			(b) Is there a policy to assure prompt disinfecting of contaminated surfaces coverings & receptacles?
			(c) Regulated Waste:
			(2) Are regulated waste containers closeable?
			(A) Able to contain contents?
			(B) Leakproof?
			(C) Labeled as biohazard & color-coded?
			(D) Closed prior to removal?
			(E) Disposed of per applicable regulation?
			(f) Laundry
			(1) Minimal handling & agitation?
			(2) Bagged/containerized at the location where it is used?
			(3) Labeled appropriately?
			(4) Are bags/containers leakproof?
			(5) Is contaminated laundry handled with gloves & other appropriate PPE?
////	////	////	E. Health Clearance Screening
			(a) Are screening tests & vaccines available at no cost to employees
			(b) Have employees completed initial & annual screening tests, exam & vaccinations offered?
			(c) Are employees with positive screening tests & exam follow-up & monitored annually for further exposure?
////	////	////	F. Post Exposure Evaluation & Follow-Up
			(a) When an employee declines post-exposure eval. from County's Health-Care professional are other provisions made?
			(b) Are IDE incidents documented?
			(c) Are procedures for identification & documentation of source in place?
			(d) Are evaluation & follow-up procedures in place?
////	////	////	G. Labels & Signs
			(a) Warning labels affixed to all containers of regulated waste including regulated waste red bags?
			(b) If labels are used: Do they have the BIOHAZARD legend (symbol)?
			(c) Are warning labels orange or red orange with lettering in contrasting color?
			(d) Are the warning labels affixed to the container of regulated waste?
			(e) Is contaminated equipment labeled?
////	////	////	H. Information & Training
			(a) Is training given to all potentially exposed employees?
			(b) Is training given at time of initial assignment (within 10 days of hire) ?
			(c) Is training given at least annually thereafter?
			(d) Is training given when changes in tasks or procedure occur?
			(e) Is training given at appropriate level for employees education level & language?
			(f) Does the training include the following:
			(1) A general explanation of epidemiology & symptoms of infectious diseases at risk?
			(2) Modes of transmission?
			(3) Explanation of the IDECP & its availability?
			(4) Potential high risk exposure tasks?
			(5) Explanation of use & limitations of controls & PPE?
			(6) Information on health screening, vaccinations & chemoprophylaxis?
			(7) Procedures for an exposure incident ?
			(8) Procedures & rights for post exposure evaluation & follow-up?
			(9) An explanation of signs & labels &/or color coding?
			(10) An opportunity for interactive questions?
////	////	////	I. Recordkeeping
			(a) Medical records kept for each exposed employee?
			(b) Do the records include the following:
			(1) Name & social security number of the employee?

Infectious Disease Exposure Control Plan Manager/Supervisor Evaluation

Agency: _____ Department/Division: _____

Building Address: _____ Date: _____

"X" all that apply. If "?" provide notes in § J. If Item is not applicable, write "NA" in "?" column. Leave no blanks.

Yes	No	?	ITEM
/////	////	/////	A. Exposure Control Plan/Determinations
			(a) Have any employees been exposed to an infectious disease ? (write # & actions taken in § J)
			(b) Do you have a copy of Infectious Disease Control Plan §4.0 Infectious Disease Exposure Control Plan (IDCEP)?
			(c) Is there a list of Cat. 1 job classifications where employees have high risk of exposure up to date?
			(d) Is there a list of Cat. 2 job classifications where employees have moderate risk of exposure up to date?
			(e) Is there a list of Cat. 3 job classifications where employees have very low risk of exposure up to date?
			(f) Is a copy of the IDCEP accessible to employees?
/////	////	/////	B. Methods Of Compliance
			(a) Are Standard and Transmission-based Precautions observed based on type of exposure or potential exposure?
			(b) Engineering controls used to minimize employee exposures? If yes, list examples:
			(c) Is local exhaust ventilation used with High Risk Medical Procedures (HRMP) based on type of potential exposure?
			(d) Are negative pressure rooms' air exchange rate 6/hr (built before 1996) or ≥ 12 /hr (built after 1996)?
			(e) Are HEPA filtration units effectively creating ≥ 12 air changes/hr?
			(f) Are ventilation systems verified after installation, renovation & semi-annually &/or annually by an industrial hygiene evaluation?
			(g) Are ventilation systems used checked daily for operational capability?
			(h) Are ventilation systems maintained per manufacturer's recommendations along with monthly checks?
			(i) Are air intakes at a sufficient distance from local exhaust ventilation to prevent cross contamination?
			(i) Work practice controls used to minimize employee exposures?
			(j) Are hand washing facilities readily accessible to employees? If not feasible, are antiseptic hand cleansers, towelettes available?
			(k) Do employees wash hands after removal of PPE?
			(l) Do employees wash hands after contacting potentially infectious materials?
			(m) Food, drink, smoking & cosmetics not used near infectious materials?
			(n) Are likely infectious specimens put in leakproof containers during handling,, storage, transport or shipping?
/////	////	/////	C. Personal Protective Equipment (PPE)
			(a) Is appropriate PPE provided to employees ?
			(b) Is PPE used properly & consistently?
			(c) PPE accessible in the worksite?
			(d) Is PPE correct size & fit properly?
			(e) Is the PPE clean & in good repair?
			(f) PPE stored properly after use?
			(g) Masks, eye protection &/or face shield, respirators, gowns, gloves and shoe covers worn when there is reasonable anticipated splashing, spray, spatter or droplets of potentially infected material?
			(h) Gowns, aprons, & other protective body covering worn when appropriate?
			(i) Gloves:
			(1) Used when exposure to potentially infectious materials can reasonably be anticipated?
			(2) Single use gloves disposed of when barrier is compromised or after one use?
			(3) Reusable utility gloves inspected & decontaminated effectively?
			(j) Respirators:
			(1) Are respirators used when doing HRMP, entering an isolation area, ransporting, or providing direct service or care to a highly suspect or actual infectious disease case with airborne or droplet precautions as required?
			(2) Are respirators used when maintaining or changing HEPA filters in ventilation systems
			(3) Are medical clearance, training and fit testing completed per the County RPP prior to respirator use?
/////	////	/////	D. Housekeeping

Yes	No	?	ITEM
			(a) Is worksite in a clean & sanitary condition?
			(b) Is there a policy to assure prompt disinfecting of contaminated surfaces coverings & receptacles?
			(e) Regulated Waste:
			(2) Are regulated waste containers closeable?
			(A) Able to contain contents?
			(B) Leakproof?
			(C) Labeled as biohazard & color-coded?
			(D) Closed prior to removal?
			(E) Disposed of per applicable regulation?
			(f) Laundry
			(1) Minimal handling & agitation?
			(2) Bagged/containerized at the location where it is used?
			(3) Labeled appropriately?
			(4) Are bags/containers leakproof?
			(5) Is contaminated laundry handled with gloves & other appropriate PPE?
/////	////	/////	E. Health Clearance Screening
			(a) Are screening tests and vaccines available at no cost to employees
			(b) Have employees completed initial and annual screening tests, exam and vaccinations offered?
			(c) Are employees with positive screening tests and exam follow-up and monitored annually for further exposure?
/////	////	/////	F. Post Exposure Evaluation & Follow-Up
			(a) When employee declines postexposure eval. from employer Health-Care professional are other provisions made?
			(b) Are IDE incidents documented?
			(c) Are procedures for identification & documentation of source in place?
			(d) Are evaluation & follow-up procedures in place?
/////	////	/////	G. Labels & Signs
			(a) Warning labels affixed to all containers of regulated waste including regulated waste red bags?
			(b) If labels are used: Do they have the BIOHAZARD legend (symbol)?
			(c) Are warning labels orange or red orange with lettering in contrasting color?
			(d) Are the warning labels affixed to the container of regulated waste?
			(e) Is contaminated equipment labeled?
/////	////	/////	H. Information & Training
			(a) Is training given to all potentially exposed employees?
			(b) Is training given at time of initial assignment (within 10 days of hire) ?
			(c) Is training given at least annually thereafter?
			(d) Is training given when changes in tasks or procedure occur?
			(e) Is training given at appropriate level for employee education level & language?
			(f) Does the training include the IDECP requirements?
			(g) Are training records maintained in Agency/Department for 3 years?
J. NOTES:			

Appendix E

IDECP

- ▶ Hanta Virus
 - Policy & Procedures for ISD

**Policy and Procedure
Inspection and Maintenance of ISD Facilities**

**County of Ventura
May 1995**

1.0 Introduction

Routine inspections and maintenance of Ventura County Information System Department (ISD) Radio/Microwave Vault sites that are normally unoccupied may result in employee exposure to rodent excreta (feces and urine) or rodents that may be contaminated with hanta virus. The most common reservoir is the deer mouse (*Peromyscus maniculatus*). Airborne exposure to excreta may result in worker exposure to this virus, which may result in hemorrhagic fever, renal damage, and in some cases death. This condition, if not diagnosed promptly, has a mortality rate of 52%. There have been five hanta virus fatalities in California since 1992.

2.0 Hazard Evaluation

The potential for exposure to rodent feces and urine exists in these facilities unless measures are taken to make and maintain them rodent proof. Potential exposure may also exist while working outside the buildings where it may be possible to disturb rodent infected areas. Although the overall potential for exposure is low, its consequences are sufficiently severe to warrant practices to minimize exposure

Hemorrhagic fever is characterized by an abrupt onset of fever lasting 3 to 8 days, conjunctival infection, prostration, backache, headache, abdominal pain, anorexia, and vomiting. The disease may then progress to hemorrhagic manifestations 3 to 6 days after infection followed by protein in the urine, hypotension (lowered blood pressure), and sometimes shock. Renal abnormalities may ensue and may be mild or may progress to acute renal shock. Fatalities occur during the hypotensive phase of the disease, which makes its early diagnosis important, and emphasizes the importance of minimizing worker exposure.

3.0 Recommended Practices

1. Make and maintain facilities rodent proof.
2. Avoid all contact with live rodents. Dead rodents shall only be handled if necessary. Dead rodents shall be thoroughly wetted with bleach water (e.g. 1 part bleach to 4 parts water) before handling. Do not handle dead rodents except with four mil minimum thickness impermeable gloves (e.g. nitrile or PVC gloves). Dead rodent shall be placed in sealed plastic bags for disposal.
3. Use wet methods to clean-up rodent feces (use of bleach water consisting of 1 part bleach to 4 parts water). A HEPA vacuum cleaner shall be used where wet methods could damage electrical equipment or could result in shock hazard.
4. Cleaning and emptying of the HEPA vacuum cleaner will require protective equipment as for handling rodents. The waste shall be double bagged and disposed of

as infectious waste in regular trash. The following procedures shall be used to empty HEPA vacuum cleaner.

1. Don gloves, and have bleach water spray to hand.
 2. Remove hose and seal off opening.
 3. Unclip lower unit from motor and filter assembly.
 4. Keep motor assembly just above bag and turn on motor to provide local exhaust ventilation. This will require assistance from another employee.
 5. Carefully lift polyethylene liner and wrap waste bag with liner. Place waste bag in secondary bag. Seal bag for disposal.
 6. Shut off HEPA vacuum. Mist secondary and HEPA filters with bleach water. Carefully remove them and place into second waste bag for disposal. Seal bag.
 7. Replace liner and HEPA vacuum waste bag. Replace secondary and HEPA filters.
5. Ensure all personnel who may conduct these inspections and repair work are knowledgeable as to the potential hazards of the Hanta virus, and that such employees have been trained on the proper techniques to minimize exposure to potentially contaminated dust and rodent feces. This training (health hazards and work practices) shall be updated annually.

Infectious Disease Control Plan

5.0 Job Classification Risk Categories 5-1

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
1020	394	<input type="checkbox"/>	3		5	5	3	CEO-VARIOUS GRANTS	SENIOR ADMINISTRATIVE ANALYST
1040	34	<input type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	ADMIN OFFICER I
1040	260	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	COUNTY EXECUTIVE OFFICER
1040	394	<input type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	SENIOR ADMINISTRATIVE ANALYST
1040	521	<input type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	TECHNICAL SPECIALIST IV-MB
1040	566	<input type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	TECHNICAL SPECIALIST III-PH
1040	622	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	PROGRAM ADMINISTRATOR I
1040	748	<input type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	PROGRAM ADMINISTRATOR III
1040	1000	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	MANAGER BUDGET SYSTEMS & PROCESS
1040	1174	<input type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	SENIOR PROGRAM ADMINISTRATOR
1040	1273	<input type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	CLERICAL TRAINEE
1040	1310	<input type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	INFORMATION PROCESSING OPR III-C
1040	1337	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	MANAGEMENT ASSISTANT III-CONF.
1040	1349	<input type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	OFFICE ASSISTANT II-CONF
1040	1489	<input type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	PROGRAM ASSISTANT-NE
1040	1611	<input type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	ADMIN ASST III
1040	1640	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	CHIEF-DEPUTY EXECUTIVE OFFICER
1040	1641	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	DEPUTY EXECUTIVE OFFICER
1040	1642	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	PROGRAM MANAGEMENT ANALYST
1040	1673	<input type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	PERSONNEL MANAGEMENT ANALYST
1040	1685	<input type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	MANAGEMENT ANALYST I
1040	1687	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	MANAGEMENT ANALYST II
1040	33	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	ADMIN OFFICER II
1040	190	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	EXEC ASST-CAO
1040	623	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	PROGRAM ADMINISTRATOR II
1040	1019	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	ACCOUNTING SPECIALIST III
1040	1173	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	PROGRAM ASSISTANT
1040	1350	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	OFFICE ASSISTANT III-CONF
1040	1651	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	ASSIST CEO/CHIEF FINANCIAL OFFICER
1040	1823	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY EXECUTIVE OFFICE	STUDENT AIDE
1080	1173	<input checked="" type="checkbox"/>	3		5	5	3	TOBACCO SETTLEMENT PROGRAM	PROGRAM ASSISTANT
1080	1642	<input checked="" type="checkbox"/>	3		5	5	3	TOBACCO SETTLEMENT PROGRAM	PROGRAM MANAGEMENT ANALYST
1300	28	<input checked="" type="checkbox"/>	3		5	5	3	ASSESSOR	CADASTRAL TECHNICIAN III
1300	29	<input checked="" type="checkbox"/>	3		5	5	3	ASSESSOR	CADASTRAL TECHNICIAN IV
1300	31	<input type="checkbox"/>	3		5	5	3	ASSESSOR	ADMIN ASSISTANT II

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
1300	80	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	APPRAISER TRAINEE
1300	90	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	ASSESSOR
1300	119	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	CADASTRAL SERVICES SUPVR
1300	279	<input type="checkbox"/>	3		5		3	ASSESSOR	SUPERVISING DATA ENTRY OPERATR
1300	493	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	DATA ENTRY OPERATOR III
1300	653	<input type="checkbox"/>	3		5		3	ASSESSOR	CHIEF-DEPUTY ASSESSOR
1300	709	<input type="checkbox"/>	3		5		3	ASSESSOR	CADASTRAL TECHNICIAN TRAINEE
1300	714	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	CADASTRAL TECHNICIAN II
1300	961	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	APPRAISER ANALYST II
1300	963	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	APPRAISER I
1300	964	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	APPRAISER II
1300	965	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	APPRAISER III
1300	966	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	AUDITOR-APPRAISER I
1300	967	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	AUDITOR-APPRAISER II
1300	968	<input type="checkbox"/>	3		5		3	ASSESSOR	AUDITOR-APPRAISER III
1300	978	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	AUDITOR-APPRAISER TRAINEE
1300	1022	<input type="checkbox"/>	3		5		3	ASSESSOR	OFFICE SYSTEMS COORDINATOR I
1300	1026	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	SENIOR OFFICE SYSTEMS COORDNTR
1300	1233	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	PRINCIPAL APPRAISER
1300	1253	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	APPRAISER TECHNICIAN I
1300	1254	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	APPRAISER TECHNICIAN II
1300	1270	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	CLERICAL SUPERVISOR II
1300	1291	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	FISCAL ASSISTANT II
1300	1320	<input type="checkbox"/>	3		5		3	ASSESSOR	PETROLEUM APPRAISER
1300	1332	<input type="checkbox"/>	3		5		3	ASSESSOR	MANAGEMENT ASSISTANT II
1300	1338	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	MANAGEMENT ASSISTANT IV-CONF
1300	1344	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	OFFICE ASSISTANT II
1300	1345	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	OFFICE ASSISTANT III
1300	1347	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	OFFICE ASSISTANT IV
1300	1461	<input type="checkbox"/>	3		5		3	ASSESSOR	ASSESSOR TAX SPECIALIST
1300	1621	<input type="checkbox"/>	3		5		3	ASSESSOR	OFFICE SYSTEM COORDINATOR IV
1300	1823	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	STUDENT AIDE
1300	710	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	CADASTRAL TECHNICIAN I
1300	33	<input type="checkbox"/>	3		5		3	ASSESSOR	ADMIN OFFICER II
1300	30	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	ADMIN ASSISTANT I

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
1300	73	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	APPRAISER AIDE I
1300	279	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	SUPERVISING DATA ENTRY OPERATR
1300	1024	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	OFFICE SYSTEMS COORDINATOR III
1300	1305	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	INFORMATION PROCESSING OPR II
1300	1332	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	MANAGEMENT ASSISTANT II
1300	1333	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	MANAGEMENT ASSISTANT III
1300	1822	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	STUDENT WORKER II
1300	1935	<input checked="" type="checkbox"/>	3		5		3	ASSESSOR	DEPUTY ASSESSOR
1410	577	<input checked="" type="checkbox"/>	3		5		3	BOARD OF SUPERVISORS	SUPERVISORS EXECUTIVE AIDE II
1410	587	<input checked="" type="checkbox"/>	3		5		3	BOARD OF SUPERVISORS	SUPERVISORS EXECUTIVE AIDE I
1410	819	<input checked="" type="checkbox"/>	3		5		3	BOARD OF SUPERVISORS	SUPERVISORS SR ADMIN ASSISTANT
1410	1363	<input type="checkbox"/>	3		5		3	BOARD OF SUPERVISORS	RECORDS TECHNICIAN IV
1410	1536	<input checked="" type="checkbox"/>	3		5		3	BOARD OF SUPERVISORS	SUPERVISORS SR EXECUTIVE AIDE
1410	1628	<input checked="" type="checkbox"/>	3		5		3	BOARD OF SUPERVISORS	COUNTY SUPERVISOR C
1410	1823	<input checked="" type="checkbox"/>	3		5		3	BOARD OF SUPERVISORS	STUDENT AIDE
1410	1920	<input checked="" type="checkbox"/>	3		5		3	BOARD OF SUPERVISORS	SUPERVISORS ADMIN ASST I
1410	1921	<input checked="" type="checkbox"/>	3		5		3	BOARD OF SUPERVISORS	SUPERVISORS ADMIN ASST II
1410	1333	<input checked="" type="checkbox"/>	3		5		3	BOARD OF SUPERVISORS	MANAGEMENT ASSISTANT III
1410	1642	<input checked="" type="checkbox"/>	3		5		3	BOARD OF SUPERVISORS	PROGRAM MANAGEMENT ANALYST
1410	2022	<input checked="" type="checkbox"/>	3		5		3	BOARD OF SUPERVISORS	COUNTY SUPERVISOR-TC
1510	7	<input type="checkbox"/>	3		5		3	AUDITOR-CONTROLLER DEPT	ACCOUNTANT I
1510	9	<input type="checkbox"/>	3		5		3	AUDITOR-CONTROLLER DEPT	ACCOUNTANT III
1510	128	<input checked="" type="checkbox"/>	3		5		3	AUDITOR-CONTROLLER DEPT	FINANCIAL ANALYST
1510	129	<input checked="" type="checkbox"/>	3		5		3	AUDITOR-CONTROLLER DEPT	SUPERVISING ACCOUNTANT
1510	236	<input checked="" type="checkbox"/>	3		5		3	AUDITOR-CONTROLLER DEPT	AUDITOR CONTROLLER
1510	239	<input checked="" type="checkbox"/>	3		5		3	AUDITOR-CONTROLLER DEPT	AUDITOR I
1510	240	<input checked="" type="checkbox"/>	3		5		3	AUDITOR-CONTROLLER DEPT	AUDITOR II
1510	241	<input checked="" type="checkbox"/>	3		5		3	AUDITOR-CONTROLLER DEPT	AUDITOR III
1510	279	<input type="checkbox"/>	3		5		3	AUDITOR-CONTROLLER DEPT	SUPERVISING DATA ENTRY OPERATR
1510	444	<input checked="" type="checkbox"/>	3		5		3	AUDITOR-CONTROLLER DEPT	SENIOR FINANCIAL ANALYST
1510	493	<input type="checkbox"/>	3		5		3	AUDITOR-CONTROLLER DEPT	DATA ENTRY OPERATOR III
1510	505	<input type="checkbox"/>	3		5		3	AUDITOR-CONTROLLER DEPT	DEPARTMENTAL EDP COORDINATOR
1510	823	<input checked="" type="checkbox"/>	3		5		3	AUDITOR-CONTROLLER DEPT	CHIEF-DEPUTY AUDITOR-CONTROLLER
1510	993	<input checked="" type="checkbox"/>	3		5		3	AUDITOR-CONTROLLER DEPT	AUDITOR TRAINEE
1510	1018	<input checked="" type="checkbox"/>	3		5		3	AUDITOR-CONTROLLER DEPT	ACCOUNTING SPECIALIST II

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
1510	1019	<input checked="" type="checkbox"/>	3		5	5	3	AUDITOR-CONTROLLER DEPT	ACCOUNTING SPECIALIST III
1510	1020	<input checked="" type="checkbox"/>	3		5	5	3	AUDITOR-CONTROLLER DEPT	SENIOR ACCOUNTING SPECIALIST
1510	1024	<input checked="" type="checkbox"/>	3		5	5	3	AUDITOR-CONTROLLER DEPT	OFFICE SYSTEMS COORDINATOR III
1510	1272	<input checked="" type="checkbox"/>	3		5	5	3	AUDITOR-CONTROLLER DEPT	CLERICAL SERVICE MANAGER
1510	1290	<input checked="" type="checkbox"/>	3		5	5	3	AUDITOR-CONTROLLER DEPT	FISCAL ASSISTANT I
1510	1291	<input checked="" type="checkbox"/>	3		5	5	3	AUDITOR-CONTROLLER DEPT	FISCAL ASSISTANT II
1510	1292	<input checked="" type="checkbox"/>	3		5	5	3	AUDITOR-CONTROLLER DEPT	FISCAL ASSISTANT III
1510	1293	<input checked="" type="checkbox"/>	3		5	5	3	AUDITOR-CONTROLLER DEPT	FISCAL ASSISTANT IV
1510	1295	<input checked="" type="checkbox"/>	3		5	5	3	AUDITOR-CONTROLLER DEPT	FISCAL TECHNICIAN I
1510	1296	<input checked="" type="checkbox"/>	3		5	5	3	AUDITOR-CONTROLLER DEPT	FISCAL TECHNICIAN II
1510	1305	<input checked="" type="checkbox"/>	3		5	5	3	AUDITOR-CONTROLLER DEPT	INFORMATION PROCESSING OPR II
1510	1339	<input type="checkbox"/>	3		5	5	3	AUDITOR-CONTROLLER DEPT	OFFICE ASSISTANT I
1510	1344	<input checked="" type="checkbox"/>	3		5	5	3	AUDITOR-CONTROLLER DEPT	OFFICE ASSISTANT II
1510	1345	<input type="checkbox"/>	3		5	5	3	AUDITOR-CONTROLLER DEPT	OFFICE ASSISTANT III
1510	1548	<input checked="" type="checkbox"/>	3		5	5	3	AUDITOR-CONTROLLER DEPT	SENIOR ACCOUNTANT
1510	1620	<input type="checkbox"/>	3		5	5	3	AUDITOR-CONTROLLER DEPT	ASSIST AUDITOR-CONTROLLER
1510	1709	<input checked="" type="checkbox"/>	3		5	5	3	AUDITOR-CONTROLLER DEPT	STAFF/SERVICES MANAGER I
1510	1732	<input type="checkbox"/>	3		5	5	3	AUDITOR-CONTROLLER DEPT	SUPERVISING ACCOUNTING SPECIALIST
1510	1822	<input checked="" type="checkbox"/>	3		5	5	3	AUDITOR-CONTROLLER DEPT	STUDENT WORKER II
1510	5274	<input type="checkbox"/>	3		5	5	3	AUDITOR-CONTROLLER DEPT	PRINCIPAL ACCOUNTANT-TC
1510	887	<input checked="" type="checkbox"/>	3		5	5	3	AUDITOR-CONTROLLER DEPT	MANAGER-FISCAL/ADMIN SERVICES I
1510	889	<input checked="" type="checkbox"/>	3		5	5	3	AUDITOR-CONTROLLER DEPT	MANAGER-FISCAL/ADMIN SERVICES III
1510	1022	<input checked="" type="checkbox"/>	3		5	5	3	AUDITOR-CONTROLLER DEPT	OFFICE SYSTEMS COORDINATOR I
1510	1333	<input checked="" type="checkbox"/>	3		5	5	3	AUDITOR-CONTROLLER DEPT	MANAGEMENT ASSISTANT III
1510	1821	<input checked="" type="checkbox"/>	3		5	5	5	AUDITOR-CONTROLLER DEPT	STUDENT WORKER I
1510	2039	<input checked="" type="checkbox"/>	3		5	5	3	AUDITOR-CONTROLLER DEPT	SENIOR AUDITOR
1900	619	<input checked="" type="checkbox"/>	3		5	5	3	TREASURER TAX COLLECTOR	INVESTMENT MANAGER
1900	622	<input type="checkbox"/>	3		5	5	3	TREASURER TAX COLLECTOR	PROGRAM ADMINISTRATOR I
1900	1044	<input checked="" type="checkbox"/>	3		5	5	3	TREASURER TAX COLLECTOR	ASSIST TREASURER-TAX COLL
1900	1269	<input checked="" type="checkbox"/>	3		5	5	3	TREASURER TAX COLLECTOR	CLERICAL SUPERVISOR I
1900	1276	<input checked="" type="checkbox"/>	3		5	5	3	TREASURER TAX COLLECTOR	COLLECTIONS OFFICER III
1900	1291	<input type="checkbox"/>	3		5	5	3	TREASURER TAX COLLECTOR	FISCAL ASSISTANT II
1900	1292	<input checked="" type="checkbox"/>	3		5	5	3	TREASURER TAX COLLECTOR	FISCAL ASSISTANT III
1900	1295	<input checked="" type="checkbox"/>	3		5	5	3	TREASURER TAX COLLECTOR	FISCAL TECHNICIAN I
1900	1296	<input checked="" type="checkbox"/>	3		5	5	3	TREASURER TAX COLLECTOR	FISCAL TECHNICIAN II

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
1900	1333	<input checked="" type="checkbox"/>	3		5	5	3	TREASURER TAX COLLECTOR	MANAGEMENT ASSISTANT III
1900	1338	<input checked="" type="checkbox"/>	3		5	5	3	TREASURER TAX COLLECTOR	MANAGEMENT ASSISTANT IV-CONF
1900	1344	<input type="checkbox"/>	3		5	5	3	TREASURER TAX COLLECTOR	OFFICE ASSISTANT II
1900	1710	<input checked="" type="checkbox"/>	3		5	5	3	TREASURER TAX COLLECTOR	STAFF/SERVICES MANAGER II
1900	1821	<input type="checkbox"/>	3		5	5	3	TREASURER TAX COLLECTOR	STUDENT WORKER I
1900	1823	<input type="checkbox"/>	3		5	5	3	TREASURER TAX COLLECTOR	STUDENT AIDE
1900	1975	<input checked="" type="checkbox"/>	3		5	5	3	TREASURER TAX COLLECTOR	TREASURER-TAX COLL-PUB ADMIN
1900	1291	<input checked="" type="checkbox"/>	3		5	5	3	TREASURER TAX COLLECTOR	FISCAL ASSISTANT II
1900	1293	<input checked="" type="checkbox"/>	3		5	5	3	TREASURER TAX COLLECTOR	FISCAL ASSISTANT IV
1900	1822	<input checked="" type="checkbox"/>	3		5	5	3	TREASURER TAX COLLECTOR	STUDENT WORKER II
1900	1018	<input checked="" type="checkbox"/>	3		5	5	3	TREASURER TAX COLLECTOR	ACCOUNTING SPECIALIST II
1900	1271	<input checked="" type="checkbox"/>	3		5	5	3	TREASURER TAX COLLECTOR	CLERICAL SUPERVISOR III
1910	623	<input type="checkbox"/>	3		5	5	3	RETIREMENT	PROGRAM ADMINISTRATOR II
1910	1019	<input type="checkbox"/>	3		5	5	3	RETIREMENT	ACCOUNTING SPECIALIST III
1910	1333	<input type="checkbox"/>	3		5	5	3	RETIREMENT	MANAGEMENT ASSISTANT III
1910	1339	<input type="checkbox"/>	3		5	5	3	RETIREMENT	OFFICE ASSISTANT I
1910	1418	<input type="checkbox"/>	3		5	5	3	RETIREMENT	RETIREMENT SPECIALIST I
1910	1419	<input type="checkbox"/>	3		5	5	3	RETIREMENT	RETIREMENT SPECIALIST II
1910	1615	<input type="checkbox"/>	3		5	5	3	RETIREMENT	ADMIN ASST IV
1910	1707	<input type="checkbox"/>	3		5	5	3	RETIREMENT	STAFF/SERVICES SPECIALIST I
1910	1814	<input type="checkbox"/>	3		5	5	3	RETIREMENT	RETIREMENT ADMINISTRATOR
1910	1815	<input type="checkbox"/>	3		5	5	3	RETIREMENT	ASST RETIREMENT ADMINISTRATOR
1910	1548	<input checked="" type="checkbox"/>	3		5	5	3	RETIREMENT	SENIOR ACCOUNTANT
1920	432	<input type="checkbox"/>	3		5	5	3	RETIREMENT SUPPLEMENTAL	PERSONNEL ANALYST II
1920	623	<input checked="" type="checkbox"/>	3		5	5	3	RETIREMENT SUPPLEMENTAL	PROGRAM ADMINISTRATOR II
1930	184	<input checked="" type="checkbox"/>	2	1	5	5	2	PUBLIC ADMINIS/PUBLIC GUARDIAN	ASSIST PUB ADM-GUARDN-CONSRVTR
1930	418	<input type="checkbox"/>	2	1	5	5	2	PUBLIC ADMINIS/PUBLIC GUARDIAN	SENIOR DEPUTY PUBLIC GRDN-CNSR
1930	548	<input checked="" type="checkbox"/>	2	1	5	5	2	PUBLIC ADMINIS/PUBLIC GUARDIAN	DEPUTY PUBLIC GUARDN-CONSERVATOR
1930	549	<input checked="" type="checkbox"/>	3		5	5	3	PUBLIC ADMINIS/PUBLIC GUARDIAN	DEPUTY PUBLIC ADMINISTRATOR
1930	1158	<input checked="" type="checkbox"/>	2	1	5	5	2	PUBLIC ADMINIS/PUBLIC GUARDIAN	COMMUNITY SERVICE WORKER III
1930	1292	<input checked="" type="checkbox"/>	3		5	5	3	PUBLIC ADMINIS/PUBLIC GUARDIAN	FISCAL ASSISTANT III
1930	1296	<input checked="" type="checkbox"/>	3		5	5	3	PUBLIC ADMINIS/PUBLIC GUARDIAN	FISCAL TECHNICIAN II
1930	1323	<input checked="" type="checkbox"/>	2	1	5	5	2	PUBLIC ADMINIS/PUBLIC GUARDIAN	LEGAL PROCESSING ASSISTANT III
2000	39	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY COUNSEL	CIVIL ATTORNEY II
2000	67	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY COUNSEL	SUPERVISING CIVIL TRIAL ATTY

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
2000	302	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY COUNSEL	CHIEF-ASSIST COUNTY COUNSEL
2000	393	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY COUNSEL	CIVIL LAW CLERK
2000	455	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY COUNSEL	COUNTY COUNSEL
2000	1168	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY COUNSEL	CIVIL ATTORNEY III
2000	1272	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY COUNSEL	CLERICAL SERVICE MANAGER
2000	1299	<input type="checkbox"/>	3		5	5	3	COUNTY COUNSEL	FISCAL ASSISTANT III-CONF
2000	1319	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY COUNSEL	LEGAL MANAGEMENT ASST II-CC
2000	1350	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY COUNSEL	OFFICE ASSISTANT III-CONF
2000	1579	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY COUNSEL	SENIOR CIVIL ATTORNEY
2000	1707	<input type="checkbox"/>	3		5	5	3	COUNTY COUNSEL	STAFF/SERVICES SPECIALIST I
2000	38	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY COUNSEL	CIVIL ATTORNEY I
2000	1302	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY COUNSEL	FISCAL TECHNICIAN I-CONFIDENTIAL
2100	263	<input type="checkbox"/>	3		5	5	3	HUMAN RESOURCES	DIRECTOR PERSONNEL-HR
2100	389	<input type="checkbox"/>	3		5	5	3	HUMAN RESOURCES	SENIOR PERSONNEL ANALYST
2100	432	<input checked="" type="checkbox"/>	3		5	5	3	HUMAN RESOURCES	PERSONNEL ANALYST II
2100	519	<input type="checkbox"/>	3		5	5	3	HUMAN RESOURCES	TECHNICAL SPECIALIST III-MB
2100	622	<input type="checkbox"/>	3		5	5	3	HUMAN RESOURCES	PROGRAM ADMINISTRATOR I
2100	623	<input type="checkbox"/>	3		5	5	3	HUMAN RESOURCES	PROGRAM ADMINISTRATOR II
2100	888	<input type="checkbox"/>	3		5	5	3	HUMAN RESOURCES	MANAGER-FISCAL/ADMIN SERVICES II
2100	1337	<input checked="" type="checkbox"/>	3		5	5	3	HUMAN RESOURCES	MANAGEMENT ASSISTANT III-CONF.
2100	1338	<input checked="" type="checkbox"/>	3		5	5	3	HUMAN RESOURCES	MANAGEMENT ASSISTANT IV-CONF
2100	1349	<input type="checkbox"/>	3		5	5	3	HUMAN RESOURCES	OFFICE ASSISTANT II-CONF
2100	1350	<input type="checkbox"/>	3		5	5	3	HUMAN RESOURCES	OFFICE ASSISTANT III-CONF
2100	1489	<input checked="" type="checkbox"/>	3		5	5	3	HUMAN RESOURCES	PROGRAM ASSISTANT-NE
2100	1640	<input checked="" type="checkbox"/>	3		5	5	3	HUMAN RESOURCES	CHIEF-DEPUTY ADMIN OFFICER
2100	1641	<input checked="" type="checkbox"/>	3		5	5	3	HUMAN RESOURCES	DEPUTY ADMINISTRATIVE OFFICER
2100	1673	<input checked="" type="checkbox"/>	3		5	5	3	HUMAN RESOURCES	PERSONNEL MANAGEMENT ANALYST
2100	1674	<input checked="" type="checkbox"/>	3		5	5	3	HUMAN RESOURCES	PERSONNEL ANALYST III
2100	1823	<input type="checkbox"/>	3		5	5	3	HUMAN RESOURCES	STUDENT AIDE
2100	2	<input checked="" type="checkbox"/>	3		5	5	3	HUMAN RESOURCES	COUNTY WORKER - EXTRA HELP
2100	889	<input checked="" type="checkbox"/>	3		5	5	3	HUMAN RESOURCES	MANAGER-FISCAL/ADMIN SERVICES III
2100	1314	<input checked="" type="checkbox"/>	3		5	5	3	HUMAN RESOURCES	PERSONNEL ASSISTANT
2100	1354	<input checked="" type="checkbox"/>	3		5	5	3	HUMAN RESOURCES	OFFICE ASSISTANT IV-CONF
2200	9	<input type="checkbox"/>	3		5	5	3	HUMAN RES-WORKFORCE DEV	ACCOUNTANT III
2200	30	<input type="checkbox"/>	3		5	5	3	HUMAN RES-WORKFORCE DEV	ADMIN ASSISTANT I

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
2200	31	<input type="checkbox"/>	3		5		3	HUMAN RES-WORKFORCE DEV	ADMIN ASSISTANT II
2200	129	<input type="checkbox"/>	3		5		3	HUMAN RES-WORKFORCE DEV	SUPERVISING ACCOUNTANT
2200	492	<input type="checkbox"/>	3		5		3	HUMAN RES-WORKFORCE DEV	DATA ENTRY OPERATOR II
2200	569	<input type="checkbox"/>	3		5		3	HUMAN RES-WORKFORCE DEV	TECHNICAL SPECIALIST IV-PH
2200	622	<input type="checkbox"/>	3		5		3	HUMAN RES-WORKFORCE DEV	PROGRAM ADMINISTRATOR I
2200	748	<input type="checkbox"/>	3		5		3	HUMAN RES-WORKFORCE DEV	PROGRAM ADMINISTRATOR III
2200	888	<input type="checkbox"/>	3		5		3	HUMAN RES-WORKFORCE DEV	MANAGER-FISCAL/ADMIN SERVICES II
2200	1022	<input type="checkbox"/>	3		5		3	HUMAN RES-WORKFORCE DEV	OFFICE SYSTEMS COORDINATOR I
2200	1023	<input type="checkbox"/>	3		5		3	HUMAN RES-WORKFORCE DEV	OFFICE SYSTEMS COORDINATOR II
2200	1026	<input type="checkbox"/>	3		5		3	HUMAN RES-WORKFORCE DEV	SENIOR OFFICE SYSTEMS COORDNTR
2200	1161	<input type="checkbox"/>	3		5		3	HUMAN RES-WORKFORCE DEV	ELIGIBILITY OFFICER III
2200	1174	<input type="checkbox"/>	3		5		3	HUMAN RES-WORKFORCE DEV	SENIOR PROGRAM ADMINISTRATOR
2200	1259	<input type="checkbox"/>	2	2	5		2	HUMAN RES-WORKFORCE DEV	EMP & TRAINING SPCLST I
2200	1260	<input type="checkbox"/>	2	2	5		2	HUMAN RES-WORKFORCE DEV	EMP & TRAINING SPCLST II
2200	1292	<input type="checkbox"/>	3		5		3	HUMAN RES-WORKFORCE DEV	FISCAL ASSISTANT III
2200	1295	<input type="checkbox"/>	3		5		3	HUMAN RES-WORKFORCE DEV	FISCAL TECHNICIAN I
2200	1296	<input type="checkbox"/>	3		5		3	HUMAN RES-WORKFORCE DEV	FISCAL TECHNICIAN II
2200	1331	<input type="checkbox"/>	3		5		3	HUMAN RES-WORKFORCE DEV	MANAGEMENT ASSISTANT I
2200	1332	<input type="checkbox"/>	3		5		3	HUMAN RES-WORKFORCE DEV	MANAGEMENT ASSISTANT II
2200	1333	<input type="checkbox"/>	3		5		3	HUMAN RES-WORKFORCE DEV	MANAGEMENT ASSISTANT III
2200	1339	<input type="checkbox"/>	3		5		3	HUMAN RES-WORKFORCE DEV	OFFICE ASSISTANT I
2200	1344	<input type="checkbox"/>	3		5		3	HUMAN RES-WORKFORCE DEV	OFFICE ASSISTANT II
2200	1345	<input type="checkbox"/>	3		5		3	HUMAN RES-WORKFORCE DEV	OFFICE ASSISTANT III
2200	1548	<input type="checkbox"/>	3		5		3	HUMAN RES-WORKFORCE DEV	SENIOR ACCOUNTANT
2200	1636	<input checked="" type="checkbox"/>	2	2	5		2	HUMAN RES-WORKFORCE DEV	EMP & TRAINING SPCLST III
2200	1637	<input type="checkbox"/>	2	2	5		2	HUMAN RES-WORKFORCE DEV	EMP & TRAINING SPCLST IV
2200	1638	<input type="checkbox"/>	2	2	5		2	HUMAN RES-WORKFORCE DEV	SUPERVISOR EMP & TRAIN SVS
2200	1639	<input type="checkbox"/>	2	2	5		2	HUMAN RES-WORKFORCE DEV	MANAGER-EMP & TRAINING SRVS
2200	1677	<input type="checkbox"/>	3		5		3	HUMAN RES-WORKFORCE DEV	DEPUTY DIRECTOR PERSONNEL
2200	1683	<input type="checkbox"/>	3		5		3	HUMAN RES-WORKFORCE DEV	ACCOUNT EXECUTIVE II
2200	1684	<input type="checkbox"/>	3		5		3	HUMAN RES-WORKFORCE DEV	REGIONAL MANAGER-BUS/EMP CTR
2200	1688	<input type="checkbox"/>	3		5		3	HUMAN RES-WORKFORCE DEV	ACCOUNT EXECUTIVE III
2300	9	<input checked="" type="checkbox"/>	3		5		3	WORKFORCE DEVELOPMENT DIVISION	ACCOUNTANT III
2300	30	<input checked="" type="checkbox"/>	3		5		3	WORKFORCE DEVELOPMENT DIVISION	ADMIN ASSISTANT I
2300	492	<input checked="" type="checkbox"/>	3		5		3	WORKFORCE DEVELOPMENT DIVISION	DATA ENTRY OPERATOR II

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
2300	566	<input checked="" type="checkbox"/>	3		5		3	WORKFORCE DEVELOPMENT DIVISION	TECHNICAL SPECIALIST III-PH
2300	569	<input checked="" type="checkbox"/>	3		5		3	WORKFORCE DEVELOPMENT DIVISION	TECHNICAL SPECIALIST IV-PH
2300	748	<input checked="" type="checkbox"/>	3		5		3	WORKFORCE DEVELOPMENT DIVISION	PROGRAM ADMINISTRATOR III
2300	1022	<input checked="" type="checkbox"/>	3		5		3	WORKFORCE DEVELOPMENT DIVISION	OFFICE SYSTEMS COORDINATOR I
2300	1023	<input checked="" type="checkbox"/>	3		5		3	WORKFORCE DEVELOPMENT DIVISION	OFFICE SYSTEMS COORDINATOR II
2300	1149	<input checked="" type="checkbox"/>	2,2,4		5		2	WORKFORCE DEVELOPMENT DIVISION	SUPERVISING SOCIAL WORKER
2300	1174	<input checked="" type="checkbox"/>	3		5		3	WORKFORCE DEVELOPMENT DIVISION	SENIOR PROGRAM ADMINISTRATOR
2300	1260	<input checked="" type="checkbox"/>	2,2		5		2	WORKFORCE DEVELOPMENT DIVISION	EMP & TRAINING SPCLST II
2300	1292	<input checked="" type="checkbox"/>	3		5		3	WORKFORCE DEVELOPMENT DIVISION	FISCAL ASSISTANT III
2300	1296	<input checked="" type="checkbox"/>	3		5		3	WORKFORCE DEVELOPMENT DIVISION	FISCAL TECHNICIAN II
2300	1332	<input checked="" type="checkbox"/>	3		5		3	WORKFORCE DEVELOPMENT DIVISION	MANAGEMENT ASSISTANT II
2300	1345	<input checked="" type="checkbox"/>	3		5		3	WORKFORCE DEVELOPMENT DIVISION	OFFICE ASSISTANT III
2300	1347	<input checked="" type="checkbox"/>	3		5		3	WORKFORCE DEVELOPMENT DIVISION	OFFICE ASSISTANT IV
2300	1528	<input checked="" type="checkbox"/>	3		5		3	WORKFORCE DEVELOPMENT DIVISION	HUMAN SERVICES PROGRAM ASST III
2300	1548	<input checked="" type="checkbox"/>	3		5		3	WORKFORCE DEVELOPMENT DIVISION	SENIOR ACCOUNTANT
2300	1562	<input checked="" type="checkbox"/>	3		5		3	WORKFORCE DEVELOPMENT DIVISION	HUMAN SERVICES SENIOR MANAGER
2300	1683	<input checked="" type="checkbox"/>	3		5		3	WORKFORCE DEVELOPMENT DIVISION	ACCOUNT EXECUTIVE II
2300	1688	<input checked="" type="checkbox"/>	3		5		3	WORKFORCE DEVELOPMENT DIVISION	ACCOUNT EXECUTIVE III
2300	1710	<input checked="" type="checkbox"/>	3		5		3	WORKFORCE DEVELOPMENT DIVISION	STAFF/SERVICES MANAGER II
2300	1899	<input checked="" type="checkbox"/>	3		5		3	WORKFORCE DEVELOPMENT DIVISION	CAREER SERVICES SPECIALIST IV
2300	1913	<input checked="" type="checkbox"/>	3		5		3	WORKFORCE DEVELOPMENT DIVISION	CAREER SERVICES SPECIALIST I
2300	1915	<input checked="" type="checkbox"/>	3		5		3	WORKFORCE DEVELOPMENT DIVISION	CAREER SERVICES SPECIALIST III
2520	391	<input type="checkbox"/>	3		5		3	HUMAN RES-PERSONNEL SERV ISF	PERSONNEL ANALYST I
2520	1298	<input type="checkbox"/>	3		5		3	HUMAN RES-PERSONNEL SERV ISF	FISCAL ASSISTANT II-CONF
2520	1314	<input checked="" type="checkbox"/>	3		5		3	HUMAN RES-PERSONNEL SERV ISF	PERSONNEL ASSISTANT
2520	1673	<input checked="" type="checkbox"/>	3		5		3	HUMAN RES-PERSONNEL SERV ISF	PERSONNEL MANAGEMENT ANALYST
2520	432	<input checked="" type="checkbox"/>	3		5		3	HUMAN RES-PERSONNEL SERV ISF	PERSONNEL ANALYST II
2520	1302	<input checked="" type="checkbox"/>	3		5		3	HUMAN RES-PERSONNEL SERV ISF	FISCAL TECHNICIAN I-CONFIDENTIAL
2520	1337	<input checked="" type="checkbox"/>	3		5		3	HUMAN RES-PERSONNEL SERV ISF	MANAGEMENT ASSISTANT III-CONF
2520	1674	<input checked="" type="checkbox"/>	3		5		3	HUMAN RES-PERSONNEL SERV ISF	PERSONNEL ANALYST III
2550	432	<input checked="" type="checkbox"/>	3		5		3	HUMAN RES-MEDICAL INSURANCE	PERSONNEL ANALYST II
2550	622	<input checked="" type="checkbox"/>	3		5		3	HUMAN RES-MEDICAL INSURANCE	PROGRAM ADMINISTRATOR I
2550	623	<input checked="" type="checkbox"/>	3		5		3	HUMAN RES-MEDICAL INSURANCE	PROGRAM ADMINISTRATOR II
2550	748	<input checked="" type="checkbox"/>	3		5		3	HUMAN RES-MEDICAL INSURANCE	PROGRAM ADMINISTRATOR III
2550	1174	<input checked="" type="checkbox"/>	3		5		3	HUMAN RES-MEDICAL INSURANCE	SENIOR PROGRAM ADMINISTRATOR

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
2550	1303	<input type="checkbox"/>	3		5	5		HUMAN RES-MEDICAL INSURANCE	FISCAL TECHNICIAN II-CONFIDENTIAL
2550	1314	<input checked="" type="checkbox"/>	3		5	5		HUMAN RES-MEDICAL INSURANCE	PERSONNEL ASSISTANT
2550	1337	<input checked="" type="checkbox"/>	3		5	5		HUMAN RES-MEDICAL INSURANCE	MANAGEMENT ASSISTANT III-CONF.
2550	1350	<input checked="" type="checkbox"/>	3		5	5		HUMAN RES-MEDICAL INSURANCE	OFFICE ASSISTANT III-CONF
2550	1492	<input checked="" type="checkbox"/>	3		5	5		HUMAN RES-MEDICAL INSURANCE	PERSONNEL ASSISTANT-NE
2550	1677	<input type="checkbox"/>	3		5	5		HUMAN RES-MEDICAL INSURANCE	DEPUTY DIRECTOR PERSONNEL
2550	1821	<input checked="" type="checkbox"/>	3		5	5		HUMAN RES-MEDICAL INSURANCE	STUDENT WORKER I
2550	1822	<input type="checkbox"/>	3		5	5		HUMAN RES-MEDICAL INSURANCE	STUDENT WORKER II
2550	1823	<input type="checkbox"/>	3		5	5		HUMAN RES-MEDICAL INSURANCE	STUDENT AIDE
2550	5221	<input type="checkbox"/>	1		5	5		HUMAN RES-MEDICAL INSURANCE	SENIOR PSYCHOLOGIST MB T
2550	1302	<input checked="" type="checkbox"/>	3		5	5		HUMAN RES-MEDICAL INSURANCE	FISCAL TECHNICIAN I-CONFIDENTIAL
2550	1354	<input checked="" type="checkbox"/>	3		5	5		HUMAN RES-MEDICAL INSURANCE	OFFICE ASSISTANT IV-CONF
2550	1641	<input checked="" type="checkbox"/>	3		5	5		HUMAN RES-MEDICAL INSURANCE	DEPUTY ADMINISTRATIVE OFFICER
2550	1674	<input checked="" type="checkbox"/>	3		5	5		HUMAN RES-MEDICAL INSURANCE	PERSONNEL ANALYST III
2800	191	<input checked="" type="checkbox"/>	3		5	5		CIVIL SERVICE COMMISSION	CIVIL SERVICE COMMISSION ASSISTANT
3000	105	<input checked="" type="checkbox"/>	3		5	5		COUNTY CLERK-BOARD OF SUPERVISORS	ASSIST CLERK BOARD/SUPVRS
3000	519	<input type="checkbox"/>	3		5	5		COUNTY CLERK-BOARD OF SUPERVISORS	TECHNICAL SPECIALIST III-MB
3000	521	<input checked="" type="checkbox"/>	3		5	5		COUNTY CLERK-BOARD OF SUPERVISORS	TECHNICAL SPECIALIST IV-MB
3000	516	<input checked="" type="checkbox"/>	3		5	5		COUNTY CLERK-BOARD OF SUPERVISORS	TECHNICAL SPECIALIST I-MB
3010	188	<input checked="" type="checkbox"/>	3		5	5		COUNTY CLERK-ELECTIONS DIVISION	ASSIST REGISTRAR OF VOTERS
3010	623	<input checked="" type="checkbox"/>	3		5	5		COUNTY CLERK-ELECTIONS DIVISION	PROGRAM ADMINISTRATOR II
3010	1270	<input checked="" type="checkbox"/>	3		5	5		COUNTY CLERK-ELECTIONS DIVISION	CLERICAL SUPERVISOR II
3010	1312	<input checked="" type="checkbox"/>	3		5	5		COUNTY CLERK-ELECTIONS DIVISION	INVENTORY MANAGEMENT ASSISTANT I
3010	1313	<input type="checkbox"/>	3		5	5		COUNTY CLERK-ELECTIONS DIVISION	INVENTORY MANAGEMENT ASSISTANT II
3010	1315	<input checked="" type="checkbox"/>	3		5	5		COUNTY CLERK-ELECTIONS DIVISION	INVENTORY MANAGEMENT ASSISTANT III
3010	1358	<input type="checkbox"/>	3		5	5		COUNTY CLERK-ELECTIONS DIVISION	RECORDS TECHNICIAN I
3010	1359	<input checked="" type="checkbox"/>	3		5	5		COUNTY CLERK-ELECTIONS DIVISION	RECORDS TECHNICIAN II
3010	1536	<input type="checkbox"/>	3		5	5		COUNTY CLERK-ELECTIONS DIVISION	SUPERVISORS SR EXECUTIVE AIDE
3010	1920	<input type="checkbox"/>	3		5	5		COUNTY CLERK-ELECTIONS DIVISION	SUPERVISORS ADMIN ASST I
3010	2	<input checked="" type="checkbox"/>	3		5	5		COUNTY CLERK-ELECTIONS DIVISION	COUNTY WORKER - EXTRA HELP
3020	395	<input checked="" type="checkbox"/>	3		5	5		COUNTY CLERK	CLERK RECORDER
3020	1169	<input checked="" type="checkbox"/>	3		5	5		COUNTY CLERK	ASSIST COUNTY CLERK
3020	1270	<input checked="" type="checkbox"/>	3		5	5		COUNTY CLERK	CLERICAL SUPERVISOR II
3020	1295	<input type="checkbox"/>	3		5	5		COUNTY CLERK	FISCAL TECHNICIAN I
3020	1338	<input checked="" type="checkbox"/>	3		5	5		COUNTY CLERK	MANAGEMENT ASSISTANT IV-CONF

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
3020	1358	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY CLERK	RECORDS TECHNICIAN I
3020	1359	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY CLERK	RECORDS TECHNICIAN II
3020	1360	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY CLERK	RECORDS TECHNICIAN III
3020	1611	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY CLERK	ADMIN ASST III
3030	34	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	ADMIN OFFICER I
3030	130	<input type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	ASSIST RECORDER
3030	279	<input type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	SUPERVISING DATA ENTRY OPERATR
3030	492	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	DATA ENTRY OPERATOR II
3030	493	<input type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	DATA ENTRY OPERATOR III
3030	748	<input type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	PROGRAM ADMINISTRATOR III
3030	1007	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	DATA TECHNICIAN IV
3030	1022	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	OFFICE SYSTEMS COORDINATOR I
3030	1026	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	SENIOR OFFICE SYSTEMS COORDNTR
3030	1228	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	MICROFILM TECH I
3030	1229	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	MICROFILM TECH II
3030	1271	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	CLERICAL SUPERVISOR III
3030	1292	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	FISCAL ASSISTANT III
3030	1296	<input type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	FISCAL TECHNICIAN II
3030	1333	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	MANAGEMENT ASSISTANT III
3030	1358	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	RECORDS TECHNICIAN I
3030	1359	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	RECORDS TECHNICIAN II
3030	1360	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	RECORDS TECHNICIAN III
3030	1363	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	RECORDS TECHNICIAN IV
3030	1669	<input type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	SENIOR MICROFILM TECH
3030	1823	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	STUDENT AIDE
3030	1890	<input type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	SUPERVISING MICROFILM TECH
3030	1822	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	STUDENT WORKER II
3030	1890	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	SUPERVISING MICROFILM TECH
3030	1970	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	OFFICE SUPP WORKER-CW
3030	130	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	ASSIST RECORDER
3030	623	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	PROGRAM ADMINISTRATOR II
3030	1269	<input checked="" type="checkbox"/>	3		5	5	3	COUNTY CLERK-RECORDERS OFFICE	CLERICAL SUPERVISOR I
3400	31	<input checked="" type="checkbox"/>	3		5	5	3	DISTRICT ATTORNEY	ADMIN ASSISTANT II
3400	226	<input type="checkbox"/>	2	1,3	5	5	2	DISTRICT ATTORNEY	ATTORNEY 48 MONTHS
3400	227	<input type="checkbox"/>	2	1,3	5	5	2	DISTRICT ATTORNEY	ATTORNEY 42 MONTHS

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
3400	228	<input type="checkbox"/>	2	1,3	5	5	2	DISTRICT ATTORNEY	ATTORNEY 36 MONTHS
3400	229	<input type="checkbox"/>	2	1,3	5	5	2	DISTRICT ATTORNEY	ATTORNEY 30 MONTHS
3400	230	<input type="checkbox"/>	2	1,3	5	5	2	DISTRICT ATTORNEY	ATTORNEY 24 MONTHS
3400	231	<input type="checkbox"/>	2	1,3	5	5	2	DISTRICT ATTORNEY	ATTORNEY 18 MONTHS
3400	232	<input type="checkbox"/>	2	1,3	5	5	2	DISTRICT ATTORNEY	ATTORNEY 12 MONTHS
3400	233	<input type="checkbox"/>	2	1,3	5	5	2	DISTRICT ATTORNEY	ATTORNEY 06 MONTHS
3400	234	<input type="checkbox"/>	2	1,3	5	5	2	DISTRICT ATTORNEY	ATTORNEY ENTRY
3400	235	<input type="checkbox"/>	2	1,3	5	5	2	DISTRICT ATTORNEY	ATTORNEY 60 MONTHS
3400	238	<input type="checkbox"/>	2	1,3	5	5	2	DISTRICT ATTORNEY	ATTORNEY 54 MONTHS
3400	447	<input checked="" type="checkbox"/>	1		5	5	1	DISTRICT ATTORNEY	DISTRICT ATTORNEY INVTGR III
3400	578	<input type="checkbox"/>	1		5	5	1	DISTRICT ATTORNEY	INVESTIGATIVE ASSISTANT I
3400	579	<input checked="" type="checkbox"/>	1		5	5	1	DISTRICT ATTORNEY	INVESTIGATIVE ASSISTANT II
3400	582	<input checked="" type="checkbox"/>	3		5	5	3	DISTRICT ATTORNEY	SMALL CLAIMS ADVISOR
3400	583	<input type="checkbox"/>	3		5	5	3	DISTRICT ATTORNEY	VICTIMWITNESS PROGRAM COORD
3400	584	<input type="checkbox"/>	2	1,3	5	5	2	DISTRICT ATTORNEY	VICTIM ADVOCATE I
3400	585	<input checked="" type="checkbox"/>	2	1,3	5	5	2	DISTRICT ATTORNEY	VICTIM ADVOCATE II
3400	586	<input checked="" type="checkbox"/>	2	1,3	5	5	2	DISTRICT ATTORNEY	VICTIM ADVOCATE III
3400	622	<input type="checkbox"/>	3		5	5	3	DISTRICT ATTORNEY	PROGRAM ADMINISTRATOR I
3400	640	<input checked="" type="checkbox"/>	3		5	5	3	DISTRICT ATTORNEY	DISTRICT ATTORNEY
3400	650	<input checked="" type="checkbox"/>	1		5	5	1	DISTRICT ATTORNEY	DISTRICT ATTORNEY INVTGR II
3400	889	<input type="checkbox"/>	3		5	5	3	DISTRICT ATTORNEY	MANAGER-FISCAL/ADMIN SERVICES III
3400	997	<input checked="" type="checkbox"/>	2	1,3	5	5	2	DISTRICT ATTORNEY	CHIEF-DEP DISTRICT ATTORNEY
3400	1003	<input type="checkbox"/>	3		5	5	3	DISTRICT ATTORNEY	PROGRAMMER I
3400	1022	<input type="checkbox"/>	3		5	5	3	DISTRICT ATTORNEY	OFFICE SYSTEMS COORDINATOR I
3400	1024	<input checked="" type="checkbox"/>	3		5	5	3	DISTRICT ATTORNEY	OFFICE SYSTEMS COORDINATOR III
3400	1026	<input checked="" type="checkbox"/>	3		5	5	3	DISTRICT ATTORNEY	SENIOR OFFICE SYSTEMS COORDNTR
3400	1046	<input checked="" type="checkbox"/>	3		5	5	3	DISTRICT ATTORNEY	CONSUMER MEDIATOR
3400	1060	<input checked="" type="checkbox"/>	3		5	5	3	DISTRICT ATTORNEY	LAW CLERK
3400	1089	<input checked="" type="checkbox"/>	1		5	5	1	DISTRICT ATTORNEY	INVESTIGATIVE ASSISTANT III
3400	1166	<input type="checkbox"/>	2	1,3	5	5	2	DISTRICT ATTORNEY	ATTORNEY 72 MONTHS
3400	1270	<input type="checkbox"/>	3		5	5	3	DISTRICT ATTORNEY	CLERICAL SUPERVISOR II
3400	1275	<input checked="" type="checkbox"/>	3		5	5	3	DISTRICT ATTORNEY	COLLECTIONS OFFICER II
3400	1276	<input checked="" type="checkbox"/>	3		5	5	3	DISTRICT ATTORNEY	COLLECTIONS OFFICER III
3400	1285	<input checked="" type="checkbox"/>	2	1	5	5	2	DISTRICT ATTORNEY	COURIER II
3400	1293	<input type="checkbox"/>	3		5	5	3	DISTRICT ATTORNEY	FISCAL ASSISTANT IV

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
3400	1305	<input checked="" type="checkbox"/>	3		5		3	DISTRICT ATTORNEY	INFORMATION PROCESSING OPR II
3400	1307	<input checked="" type="checkbox"/>	3		5		3	DISTRICT ATTORNEY	INFORMATION PROCESSING OPR IV
3400	1321	<input checked="" type="checkbox"/>	3		5		3	DISTRICT ATTORNEY	LEGAL PROCESSING ASSISTANT I
3400	1322	<input checked="" type="checkbox"/>	3		5		3	DISTRICT ATTORNEY	LEGAL PROCESSING ASSISTANT II
3400	1323	<input checked="" type="checkbox"/>	3		5		3	DISTRICT ATTORNEY	LEGAL PROCESSING ASSISTANT III
3400	1333	<input type="checkbox"/>	3		5		3	DISTRICT ATTORNEY	MANAGEMENT ASSISTANT III
3400	1338	<input type="checkbox"/>	3		5		3	DISTRICT ATTORNEY	MANAGEMENT ASSISTANT IV-CONF
3400	1344	<input checked="" type="checkbox"/>	3		5		3	DISTRICT ATTORNEY	OFFICE ASSISTANT II
3400	1345	<input checked="" type="checkbox"/>	3		5		3	DISTRICT ATTORNEY	OFFICE ASSISTANT III
3400	1347	<input checked="" type="checkbox"/>	3		5		3	DISTRICT ATTORNEY	OFFICE ASSISTANT IV
3400	1489	<input checked="" type="checkbox"/>	3		5		3	DISTRICT ATTORNEY	PROGRAM ASSISTANT-NE
3400	1490	<input checked="" type="checkbox"/>	3		5		3	DISTRICT ATTORNEY	ADMIN ASSISTANT I-NE
3400	1514	<input checked="" type="checkbox"/>	2	1,3	5		2	DISTRICT ATTORNEY	SUPERVISING WELFARE FRAUD INV
3400	1519	<input checked="" type="checkbox"/>	2	1,3	5		2	DISTRICT ATTORNEY	DEPUTY CHIEF DA INV
3400	1568	<input checked="" type="checkbox"/>	2	1,3	5		2	DISTRICT ATTORNEY	SENIOR ATTORNEY
3400	1581	<input checked="" type="checkbox"/>	2	1,3	5		2	DISTRICT ATTORNEY	CHIEF-ASSISTANT DISTRICT ATTORNEY
3400	1600	<input checked="" type="checkbox"/>	2	1,3	5		2	DISTRICT ATTORNEY	SENIOR DISTRICT ATTY INVTGR
3400	1679	<input type="checkbox"/>	2	1,3	5		2	DISTRICT ATTORNEY	WELFARE INVESTIGATOR III
3400	1680	<input checked="" type="checkbox"/>	2	1,3	5		2	DISTRICT ATTORNEY	WELFARE INVESTIGATOR II
3400	1681	<input type="checkbox"/>	2	1,3	5		2	DISTRICT ATTORNEY	WELFARE INVESTIGATOR I
3400	1708	<input checked="" type="checkbox"/>	3		5		3	DISTRICT ATTORNEY	STAFF/SERVICES SPECIALIST II
3400	1710	<input checked="" type="checkbox"/>	3		5		3	DISTRICT ATTORNEY	STAFF/SERVICES MANAGER II
3400	1718	<input type="checkbox"/>	2	1,3	5		2	DISTRICT ATTORNEY	ATTORNEY 84 MONTHS
3400	1823	<input checked="" type="checkbox"/>	3		5		3	DISTRICT ATTORNEY	STUDENT AIDE
3400	217	<input checked="" type="checkbox"/>	2	1,3	5		2	DISTRICT ATTORNEY	ATTORNEY I
3400	218	<input checked="" type="checkbox"/>	2	1,3	5		2	DISTRICT ATTORNEY	ATTORNEY II
3400	219	<input checked="" type="checkbox"/>	2	1,3	5		2	DISTRICT ATTORNEY	ATTORNEY III
3400	623	<input checked="" type="checkbox"/>	3		5		3	DISTRICT ATTORNEY	PROGRAM ADMINISTRATOR II
3400	890	<input checked="" type="checkbox"/>	3		5		3	DISTRICT ATTORNEY	MANAGER-FISCAL/ADMIN SERVICES IV
3400	1174	<input checked="" type="checkbox"/>	3		5		3	DISTRICT ATTORNEY	SENIOR PROGRAM ADMINISTRATOR
3400	1271	<input checked="" type="checkbox"/>	3		5		3	DISTRICT ATTORNEY	CLERICAL SUPERVISOR III
3400	1510	<input checked="" type="checkbox"/>	2	1,3	5		2	DISTRICT ATTORNEY	WELFARE INVESTIGATOR II-TC
3400	1511	<input checked="" type="checkbox"/>	2	1,3	5		2	DISTRICT ATTORNEY	WELFARE INVESTIGATOR III-TC
3400	1512	<input checked="" type="checkbox"/>	2	1,3	5		2	DISTRICT ATTORNEY	SUPERVISING WELFARE FRAUD INV-TC
3400	1611	<input checked="" type="checkbox"/>	3		5		3	DISTRICT ATTORNEY	ADMIN ASST III

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
3400	1940	<input checked="" type="checkbox"/>	3		5	5	3	DISTRICT ATTORNEY	LEGAL MANAGEMENT ASSISTANT III
3400	1941	<input checked="" type="checkbox"/>	3		5	5	3	DISTRICT ATTORNEY	LEGAL MANAGEMENT ASSISTANT IV
3400	1967	<input checked="" type="checkbox"/>	3		5	5	3	DISTRICT ATTORNEY	PARALEGAL
3500	20	<input checked="" type="checkbox"/>	3		5	5	3	DA-CHILD SUPPORT	ADMIN AIDE
3500	31	<input type="checkbox"/>	3		5	5	3	DA-CHILD SUPPORT	ADMIN ASSISTANT II
3500	129	<input type="checkbox"/>	3		5	5	3	DA-CHILD SUPPORT	SUPERVISING ACCOUNTANT
3500	230	<input type="checkbox"/>	2 1,3		5	5	2	DA-CHILD SUPPORT	ATTORNEY 24 MONTHS
3500	447	<input checked="" type="checkbox"/>	2 1,3		5	5	2	DA-CHILD SUPPORT	DISTRICT ATTORNEY INVTGR III
3500	579	<input checked="" type="checkbox"/>	2 1,3		5	5	2	DA-CHILD SUPPORT	INVESTIGATIVE ASSISTANT II
3500	650	<input checked="" type="checkbox"/>	2 1,3		5	5	2	DA-CHILD SUPPORT	DISTRICT ATTORNEY INVTGR II
3500	717	<input checked="" type="checkbox"/>	2 1,3		5	5	2	DA-CHILD SUPPORT	FAMILY SUPPORT OFFICER I
3500	718	<input checked="" type="checkbox"/>	2 1,3		5	5	2	DA-CHILD SUPPORT	FAMILY SUPPORT OFFICER II
3500	719	<input checked="" type="checkbox"/>	2 1,3		5	5	2	DA-CHILD SUPPORT	FAMILY SUPPORT OFFICER III
3500	720	<input checked="" type="checkbox"/>	2 1,3		5	5	2	DA-CHILD SUPPORT	SENIOR FAMILY SUPPORT OFFICER
3500	721	<input checked="" type="checkbox"/>	2 1,3		5	5	2	DA-CHILD SUPPORT	SUPERVISING FAMILY SUPPORT OFFICER
3500	992	<input checked="" type="checkbox"/>	2 1,3		5	5	2	DA-CHILD SUPPORT	MANAGING ATTORNEY DISTRICT ATTORNEY
3500	1023	<input checked="" type="checkbox"/>	3		5	5	3	DA-CHILD SUPPORT	OFFICE SYSTEMS COORDINATOR II
3500	1024	<input checked="" type="checkbox"/>	3		5	5	3	DA-CHILD SUPPORT	OFFICE SYSTEMS COORDINATOR III
3500	1026	<input checked="" type="checkbox"/>	3		5	5	3	DA-CHILD SUPPORT	SENIOR OFFICE SYSTEMS COORDNTR
3500	1060	<input checked="" type="checkbox"/>	3		5	5	3	DA-CHILD SUPPORT	LAW CLERK
3500	1088	<input type="checkbox"/>	3		5	5	3	DA-CHILD SUPPORT	CLAIMS REPRESENTATIVE II
3500	1089	<input checked="" type="checkbox"/>	2 1,3		5	5	2	DA-CHILD SUPPORT	INVESTIGATIVE ASSISTANT III
3500	1166	<input type="checkbox"/>	2 1,3		5	5	2	DA-CHILD SUPPORT	ATTORNEY 72 MONTHS
3500	1270	<input type="checkbox"/>	3		5	5	3	DA-CHILD SUPPORT	CLERICAL SUPERVISOR II
3500	1285	<input checked="" type="checkbox"/>	3		5	5	3	DA-CHILD SUPPORT	COURIER II
3500	1291	<input checked="" type="checkbox"/>	3		5	5	3	DA-CHILD SUPPORT	FISCAL ASSISTANT II
3500	1292	<input checked="" type="checkbox"/>	3		5	5	3	DA-CHILD SUPPORT	FISCAL ASSISTANT III
3500	1293	<input checked="" type="checkbox"/>	3		5	5	3	DA-CHILD SUPPORT	FISCAL ASSISTANT IV
3500	1295	<input checked="" type="checkbox"/>	3		5	5	3	DA-CHILD SUPPORT	FISCAL TECHNICIAN I
3500	1296	<input checked="" type="checkbox"/>	3		5	5	3	DA-CHILD SUPPORT	FISCAL TECHNICIAN II
3500	1307	<input checked="" type="checkbox"/>	3		5	5	3	DA-CHILD SUPPORT	INFORMATION PROCESSING OPR IV
3500	1321	<input checked="" type="checkbox"/>	3		5	5	3	DA-CHILD SUPPORT	LEGAL PROCESSING ASSISTANT I
3500	1322	<input checked="" type="checkbox"/>	3		5	5	3	DA-CHILD SUPPORT	LEGAL PROCESSING ASSISTANT II
3500	1323	<input checked="" type="checkbox"/>	3		5	5	3	DA-CHILD SUPPORT	LEGAL PROCESSING ASSISTANT III
3500	1332	<input type="checkbox"/>	3		5	5	3	DA-CHILD SUPPORT	MANAGEMENT ASSISTANT II

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
3500	1333	<input type="checkbox"/>	3		5		3	DA-CHILD SUPPORT	MANAGEMENT ASSISTANT III
3500	1344	<input checked="" type="checkbox"/>	3		5		3	DA-CHILD SUPPORT	OFFICE ASSISTANT II
3500	1345	<input checked="" type="checkbox"/>	3		5		3	DA-CHILD SUPPORT	OFFICE ASSISTANT III
3500	1347	<input checked="" type="checkbox"/>	3		5		3	DA-CHILD SUPPORT	OFFICE ASSISTANT IV
3500	1490	<input checked="" type="checkbox"/>	3		5		3	DA-CHILD SUPPORT	ADMIN ASSISTANT I-NE
3500	1582	<input checked="" type="checkbox"/>	3		5		3	DA-CHILD SUPPORT	DEPUTY DIRECTOR CHILD SUPPORT DIV
3500	1600	<input checked="" type="checkbox"/>	2	1,3	5		2	DA-CHILD SUPPORT	SENIOR DISTRICT ATTY INVTGR
3500	1611	<input type="checkbox"/>	3		5		3	DA-CHILD SUPPORT	ADMIN ASST III
3500	1710	<input type="checkbox"/>	3		5		3	DA-CHILD SUPPORT	STAFF/SERVICES MANAGER II
3500	1718	<input type="checkbox"/>	2	1,3	5		2	DA-CHILD SUPPORT	ATTORNEY 84 MONTHS
3500	1823	<input checked="" type="checkbox"/>	3		5		3	DA-CHILD SUPPORT	STUDENT AIDE
3500	1621	<input checked="" type="checkbox"/>	3		5		3	DA-CHILD SUPPORT	OFFICE SYSTEM COORDINATOR IV
3500	1708	<input checked="" type="checkbox"/>	3		5		3	DA-CHILD SUPPORT	STAFF/SERVICES SPECIALIST II
3500	1711	<input checked="" type="checkbox"/>	3		5		3	DA-CHILD SUPPORT	STAFF/SERVICES MANAGER III
3500	14	<input checked="" type="checkbox"/>	3		5		3	DA-CHILD SUPPORT	CHILD SUPPORT SVCS MGMT ASST IV
3500	61	<input checked="" type="checkbox"/>	3		5		3	DA-CHILD SUPPORT	CHILD SUPPORT SERVICES SPECIALIST I
3500	62	<input checked="" type="checkbox"/>	3		5		3	DA-CHILD SUPPORT	CHILD SUPPORT SVCS SPECIALIST II
3500	63	<input checked="" type="checkbox"/>	3		5		3	DA-CHILD SUPPORT	CHILD SUPPORT SVCS SPECIALIST III
3500	64	<input checked="" type="checkbox"/>	3		5		3	DA-CHILD SUPPORT	CHILD SUPPORT SVCS SPECIALIST IV
3500	65	<input checked="" type="checkbox"/>	3		5		3	DA-CHILD SUPPORT	SUPERVISING CHILD SUPPORT SPEC
3500	66	<input checked="" type="checkbox"/>	2	1,3	5		2	DA-CHILD SUPPORT	SUPERVISING CHILD SUPPORT ATTORNEY
3500	217	<input checked="" type="checkbox"/>	2	1,3	5		3	DA-CHILD SUPPORT	ATTORNEY I
3500	218	<input checked="" type="checkbox"/>	2	1,3	5		3	DA-CHILD SUPPORT	ATTORNEY II
3500	219	<input checked="" type="checkbox"/>	2	1,3	5		3	DA-CHILD SUPPORT	ATTORNEY III
3500	889	<input checked="" type="checkbox"/>	3		5		3	DA-CHILD SUPPORT	MANAGER-FISCAL/ADMIN SERVICES III
3500	1020	<input checked="" type="checkbox"/>	3		5		3	DA-CHILD SUPPORT	SENIOR ACCOUNTING SPECIALIST
3500	1022	<input checked="" type="checkbox"/>	3		5		3	DA-CHILD SUPPORT	OFFICE SYSTEMS COORDINATOR I
3500	1271	<input checked="" type="checkbox"/>	3		5		3	DA-CHILD SUPPORT	CLERICAL SUPERVISOR III
3600	34	<input checked="" type="checkbox"/>	3		5		3	PUBLIC DEFENDER	ADMIN OFFICER I
3600	226	<input type="checkbox"/>	2	1,3	5		2	PUBLIC DEFENDER	ATTORNEY 48 MONTHS
3600	227	<input type="checkbox"/>	2	1,3	5		2	PUBLIC DEFENDER	ATTORNEY 42 MONTHS
3600	228	<input type="checkbox"/>	2	1,3	5		2	PUBLIC DEFENDER	ATTORNEY 36 MONTHS
3600	229	<input type="checkbox"/>	2	1,3	5		2	PUBLIC DEFENDER	ATTORNEY 30 MONTHS
3600	230	<input type="checkbox"/>	2	1,3	5		2	PUBLIC DEFENDER	ATTORNEY 24 MONTHS
3600	231	<input type="checkbox"/>	2	1,3	5		2	PUBLIC DEFENDER	ATTORNEY 18 MONTHS

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
3600	232	<input type="checkbox"/>	2 1,3		5		2	PUBLIC DEFENDER	ATTORNEY 12 MONTHS
3600	233	<input type="checkbox"/>	2 1,3		5		2	PUBLIC DEFENDER	ATTORNEY 06 MONTHS
3600	234	<input type="checkbox"/>	2 1,3		5		2	PUBLIC DEFENDER	ATTORNEY ENTRY
3600	235	<input type="checkbox"/>	2 1,3		5		2	PUBLIC DEFENDER	ATTORNEY 60 MONTHS
3600	238	<input type="checkbox"/>	2 1,3		5		2	PUBLIC DEFENDER	ATTORNEY 54 MONTHS
3600	578	<input type="checkbox"/>	2 1,3		5		2	PUBLIC DEFENDER	INVESTIGATIVE ASSISTANT I
3600	579	<input checked="" type="checkbox"/>	2 1,3		5		2	PUBLIC DEFENDER	INVESTIGATIVE ASSISTANT II
3600	746	<input checked="" type="checkbox"/>	2 1,3		5		2	PUBLIC DEFENDER	CHIEF-PUBLIC DEFENDERS INVESTIGATOR
3600	784	<input checked="" type="checkbox"/>	3		5		3	PUBLIC DEFENDER	CHIEF DEP PUB DEFENDER
3600	785	<input checked="" type="checkbox"/>	2 1,3		5		2	PUBLIC DEFENDER	SUPV PUB DEF INVESTIGATOR
3600	888	<input checked="" type="checkbox"/>	3		5		3	PUBLIC DEFENDER	MANAGER-FISCAL/ADMIN SERVICES II
3600	1060	<input checked="" type="checkbox"/>	3		5		3	PUBLIC DEFENDER	LAW CLERK
3600	1089	<input checked="" type="checkbox"/>	2 1,3		5		2	PUBLIC DEFENDER	INVESTIGATIVE ASSISTANT III
3600	1166	<input type="checkbox"/>	2 1,3		5		2	PUBLIC DEFENDER	ATTORNEY 72 MONTHS
3600	1270	<input checked="" type="checkbox"/>	3		5		3	PUBLIC DEFENDER	CLERICAL SUPERVISOR II
3600	1273	<input type="checkbox"/>	3		5		3	PUBLIC DEFENDER	CLERICAL TRAINEE
3600	1321	<input type="checkbox"/>	3		5		3	PUBLIC DEFENDER	LEGAL PROCESSING ASSISTANT I
3600	1322	<input checked="" type="checkbox"/>	3		5		3	PUBLIC DEFENDER	LEGAL PROCESSING ASSISTANT II
3600	1323	<input type="checkbox"/>	3		5		3	PUBLIC DEFENDER	LEGAL PROCESSING ASSISTANT III
3600	1339	<input type="checkbox"/>	3		5		3	PUBLIC DEFENDER	OFFICE ASSISTANT I
3600	1344	<input checked="" type="checkbox"/>	3		5		3	PUBLIC DEFENDER	OFFICE ASSISTANT II
3600	1389	<input checked="" type="checkbox"/>	3		5		3	PUBLIC DEFENDER	ASSIST PUBLIC DEFENDER
3600	1427	<input checked="" type="checkbox"/>	3		5		3	PUBLIC DEFENDER	PUBLIC DEFENDER
3600	1568	<input checked="" type="checkbox"/>	2 1,3		5		2	PUBLIC DEFENDER	SENIOR ATTORNEY
3600	1693	<input checked="" type="checkbox"/>	2 1,3		5		2	PUBLIC DEFENDER	SENIOR PUBLIC DEFENDERS INVTGR
3600	1718	<input type="checkbox"/>	2 1,3		5		2	PUBLIC DEFENDER	ATTORNEY 84 MONTHS
3600	1788	<input checked="" type="checkbox"/>	2 1,3		5		2	PUBLIC DEFENDER	SOCIAL WORKER IV
3600	31	<input checked="" type="checkbox"/>	3		5		3	PUBLIC DEFENDER	ADMIN ASSISTANT II
3600	217	<input checked="" type="checkbox"/>	2 1,3		5		2	PUBLIC DEFENDER	ATTORNEY I
3600	218	<input checked="" type="checkbox"/>	2 1,3		5		2	PUBLIC DEFENDER	ATTORNEY II
3600	219	<input checked="" type="checkbox"/>	2 1,3		5		2	PUBLIC DEFENDER	ATTORNEY III
3600	1323	<input checked="" type="checkbox"/>	3		5		3	PUBLIC DEFENDER	LEGAL PROCESSING ASSISTANT III
3600	1789	<input checked="" type="checkbox"/>	2 1,3		5		2	PUBLIC DEFENDER	SOCIAL WORKER III
3600	1823	<input checked="" type="checkbox"/>	3		5		3	PUBLIC DEFENDER	STUDENT AIDE
3700	99	<input type="checkbox"/>	2 1,3		5		2	TRIAL COURT FUNDING	FAMILY RELATIONS MEDIATOR

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
3700	471	<input type="checkbox"/>	3		5		3	TRIAL COURT FUNDING	COURT REPORTER
3700	492	<input type="checkbox"/>	3		5		3	TRIAL COURT FUNDING	DATA ENTRY OPERATOR II
3700	1142	<input type="checkbox"/>	2	1,3	5		2	TRIAL COURT FUNDING	MANAGER-FAMILY RELATION
3700	1166	<input type="checkbox"/>	2	1,3	5		2	TRIAL COURT FUNDING	ATTORNEY 72 MONTHS
3700	1228	<input type="checkbox"/>	3		5		3	TRIAL COURT FUNDING	MICROFILM TECH I
3700	1271	<input type="checkbox"/>	3		5		3	TRIAL COURT FUNDING	CLERICAL SUPERVISOR III
3700	1273	<input type="checkbox"/>	3		5		3	TRIAL COURT FUNDING	CLERICAL TRAINEE
3700	1275	<input type="checkbox"/>	3		5		3	TRIAL COURT FUNDING	COLLECTIONS OFFICER II
3700	1276	<input type="checkbox"/>	3		5		3	TRIAL COURT FUNDING	COLLECTIONS OFFICER III
3700	1285	<input type="checkbox"/>	2	1	5		2	TRIAL COURT FUNDING	COURIER II
3700	1287	<input type="checkbox"/>	3		5		3	TRIAL COURT FUNDING	COURT SERVICES ASSISTANT I
3700	1288	<input type="checkbox"/>	3		5		3	TRIAL COURT FUNDING	COURT SERVICES ASSISTANT II
3700	1289	<input type="checkbox"/>	3		5		3	TRIAL COURT FUNDING	COURT SERVICES ASSISTANT III
3700	1291	<input type="checkbox"/>	3		5		3	TRIAL COURT FUNDING	FISCAL ASSISTANT II
3700	1292	<input type="checkbox"/>	3		5		3	TRIAL COURT FUNDING	FISCAL ASSISTANT III
3700	1316	<input type="checkbox"/>	3		5		3	TRIAL COURT FUNDING	JUDICIAL ASSISTANT
3700	1344	<input type="checkbox"/>	3		5		3	TRIAL COURT FUNDING	OFFICE ASSISTANT II
3700	1687	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT FUNDING	MANAGEMENT ANALYST II
3700	1823	<input type="checkbox"/>	3		5		3	TRIAL COURT FUNDING	STUDENT AIDE
3700	1845	<input type="checkbox"/>	3		5		3	TRIAL COURT FUNDING	SUPERIOR COURT JUDGE
4000	6	<input type="checkbox"/>	2	1	5		2	SHERIFF-POLICE SERVICES	PHOTO LAB SUPERVISOR
4000	8	<input type="checkbox"/>	3		5		3	SHERIFF-POLICE SERVICES	ACCOUNTANT II
4000	9	<input checked="" type="checkbox"/>	3		5		3	SHERIFF-POLICE SERVICES	ACCOUNTANT III
4000	20	<input checked="" type="checkbox"/>	3		5		3	SHERIFF-POLICE SERVICES	ADMIN AIDE
4000	33	<input checked="" type="checkbox"/>	3		5		3	SHERIFF-POLICE SERVICES	ADMIN OFFICER II
4000	43	<input checked="" type="checkbox"/>	1		4		1	SHERIFF-POLICE SERVICES	COMMANDER
4000	317	<input type="checkbox"/>	1		5		1	SHERIFF-POLICE SERVICES	MANAGER-CRIME LAB
4000	322	<input type="checkbox"/>	3		5		3	SHERIFF-POLICE SERVICES	CHIEF-HELICOPTER MECHANIC
4000	334	<input type="checkbox"/>	1		5		1	SHERIFF-POLICE SERVICES	SENIOR CRIMINALIST
4000	366	<input type="checkbox"/>	3		5		3	SHERIFF-POLICE SERVICES	AIRCRAFT MECHANIC
4000	388	<input checked="" type="checkbox"/>	3		5		3	SHERIFF-POLICE SERVICES	PRINCIPAL PERSONNEL ANALYST
4000	480	<input type="checkbox"/>	1		5		1	SHERIFF-POLICE SERVICES	CRIMINALIST III
4000	531	<input type="checkbox"/>	2	1	5		2	SHERIFF-POLICE SERVICES	PHOTO LAB TECHNICIAN
4000	550	<input checked="" type="checkbox"/>	1		4		1	SHERIFF-POLICE SERVICES	DEPUTY SHERIFF
4000	591	<input type="checkbox"/>	3		5		3	SHERIFF-POLICE SERVICES	OFFICE SYSTEMS ANALYST II

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
4000	622	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	PROGRAM ADMINISTRATOR I
4000	623	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	PROGRAM ADMINISTRATOR II
4000	791	<input type="checkbox"/>	1		5	5	1	SHERIFF-POLICE SERVICES	CRIMINALIST II
4000	792	<input type="checkbox"/>	1		5	5	1	SHERIFF-POLICE SERVICES	CRIMINALIST I
4000	889	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	MANAGER-FISCAL/ADMIN SERVICES III
4000	995	<input checked="" type="checkbox"/>	1		4	4	1	SHERIFF-POLICE SERVICES	DEPUTY SHERIFF TRAINEE
4000	996	<input type="checkbox"/>	1		5	5	1	SHERIFF-POLICE SERVICES	SUPERVISING CRIMINALIST
4000	1019	<input type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	ACCOUNTING SPECIALIST III
4000	1022	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	OFFICE SYSTEMS COORDINATOR I
4000	1023	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	OFFICE SYSTEMS COORDINATOR II
4000	1024	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	OFFICE SYSTEMS COORDINATOR III
4000	1026	<input type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	SENIOR OFFICE SYSTEMS COORDNTR
4000	1057	<input checked="" type="checkbox"/>	1		4	4	1	SHERIFF-POLICE SERVICES	SENIOR DEPUTY SHERIFF
4000	1173	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	PROGRAM ASSISTANT
4000	1174	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	SENIOR PROGRAM ADMINISTRATOR
4000	1213	<input type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	PRINCIPAL ACCOUNTANT
4000	1267	<input type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	COMMUNICATIONS OPERATOR IV-TC
4000	1269	<input type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	CLERICAL SUPERVISOR I
4000	1270	<input type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	CLERICAL SUPERVISOR II
4000	1271	<input type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	CLERICAL SUPERVISOR III
4000	1278	<input type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	COMMUNICATIONS OPERATOR II
4000	1279	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	COMMUNICATIONS OPERATOR III
4000	1281	<input type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	COMMUNICATIONS OPERATOR II-TC
4000	1282	<input type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	COMMUNICATIONS OPERATOR III-TC
4000	1285	<input type="checkbox"/>	2	1	5	5	2	SHERIFF-POLICE SERVICES	COURIER II
4000	1291	<input type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	FISCAL ASSISTANT II
4000	1292	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	FISCAL ASSISTANT III
4000	1293	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	FISCAL ASSISTANT IV
4000	1296	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	FISCAL TECHNICIAN II
4000	1305	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	INFORMATION PROCESSING OPR II
4000	1309	<input type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	INFORMATION PROCESSING OPR II-CONF
4000	1312	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	INVENTORY MANAGEMENT ASSISTANT I
4000	1313	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	INVENTORY MANAGEMENT ASSISTANT II
4000	1315	<input type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	INVENTORY MANAGEMENT ASSISTANT III
4000	1331	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	MANAGEMENT ASSISTANT I

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
4000	1332	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	MANAGEMENT ASSISTANT II
4000	1333	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	MANAGEMENT ASSISTANT III
4000	1338	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	MANAGEMENT ASSISTANT IV-CONF
4000	1339	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	OFFICE ASSISTANT I
4000	1344	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	OFFICE ASSISTANT II
4000	1345	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	OFFICE ASSISTANT III
4000	1347	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	OFFICE ASSISTANT IV
4000	1358	<input checked="" type="checkbox"/>	2	1	5	5	2	SHERIFF-POLICE SERVICES	RECORDS TECHNICIAN I
4000	1359	<input checked="" type="checkbox"/>	2	1	5	5	2	SHERIFF-POLICE SERVICES	RECORDS TECHNICIAN II
4000	1360	<input type="checkbox"/>	2	1	5	5	2	SHERIFF-POLICE SERVICES	RECORDS TECHNICIAN III
4000	1364	<input checked="" type="checkbox"/>	1		4	4	1	SHERIFF-POLICE SERVICES	SHERIFF CADET I
4000	1365	<input checked="" type="checkbox"/>	1		4	4	1	SHERIFF-POLICE SERVICES	SHERIFF CADET II
4000	1487	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	ACCOUNTING SPECIALIST III-NE
4000	1491	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	ADMIN ASSISTANT I-NE
4000	1538	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	SHERIFF'S SERVICE TECHNICIAN I
4000	1539	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	SHERIFF'S SERVICE TECHNICIAN II
4000	1548	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	SENIOR ACCOUNTANT
4000	1555	<input checked="" type="checkbox"/>	1		5	5	1	SHERIFF-POLICE SERVICES	CHIEF-DEPUTY SHERIFF
4000	1556	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	MANAGER-SHERIFF PERSONNEL SERV
4000	1674	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	PERSONNEL ANALYST III
4000	1689	<input checked="" type="checkbox"/>	1		5	5	1	SHERIFF-POLICE SERVICES	CRIME ANALYST I
4000	1690	<input checked="" type="checkbox"/>	1		5	5	1	SHERIFF-POLICE SERVICES	CRIME ANALYST II
4000	1691	<input checked="" type="checkbox"/>	1		5	5	1	SHERIFF-POLICE SERVICES	SENIOR CRIME ANALYST
4000	1692	<input checked="" type="checkbox"/>	1		4	4	1	SHERIFF-POLICE SERVICES	SENIOR PSYCHOLOGIST
4000	1695	<input type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	HELICOPTER MECHANIC
4000	1698	<input checked="" type="checkbox"/>	1		4	4	1	SHERIFF-POLICE SERVICES	SHERIFF'S CAPTAIN
4000	1760	<input checked="" type="checkbox"/>	1		4	4	1	SHERIFF-POLICE SERVICES	SHERIFF
4000	1778	<input checked="" type="checkbox"/>	1		4	4	1	SHERIFF-POLICE SERVICES	FIRE/SHERIFFS PILOT
4000	1780	<input checked="" type="checkbox"/>	1		4	4	1	SHERIFF-POLICE SERVICES	SHERIFF'S SERGEANT
4000	1822	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	STUDENT WORKER II
4000	1823	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	STUDENT AIDE
4000	1995	<input checked="" type="checkbox"/>	1		4	4	1	SHERIFF-POLICE SERVICES	UNDERSHERIFF
4000	497	<input checked="" type="checkbox"/>	2	1	5	5	2	SHERIFF-POLICE SERVICES	SENIOR SHERIFF RECORDS SUP
4000	1314	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	PERSONNEL ASSISTANT
4000	1490	<input checked="" type="checkbox"/>	3		5	5	3	SHERIFF-POLICE SERVICES	ADMIN ASSISTANT I-NE

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
4000	1554	<input checked="" type="checkbox"/>	2	1	5		2	SHERIFF-POLICE SERVICES	MANAGER-SHERIFF'S RECORDS
4000	1707	<input checked="" type="checkbox"/>	3		5		3	SHERIFF-POLICE SERVICES	STAFF/SERVICES SPECIALIST I
4000	1710	<input checked="" type="checkbox"/>	3		5		3	SHERIFF-POLICE SERVICES	STAFF/SERVICES MANAGER II
4000	1821	<input checked="" type="checkbox"/>	3		5		3	SHERIFF-POLICE SERVICES	STUDENT WORKER I
4000	1946	<input checked="" type="checkbox"/>	1		5		1	SHERIFF-POLICE SERVICES	MGR-FORENSIC SCIENCE LAB
4000	1948	<input checked="" type="checkbox"/>	1		5		1	SHERIFF-POLICE SERVICES	SUPVNG FORENSIC SCIENTIST
4000	1949	<input checked="" type="checkbox"/>	1		5		1	SHERIFF-POLICE SERVICES	FORENSIC LAB TECHNICIAN
4000	1951	<input checked="" type="checkbox"/>	1		5		1	SHERIFF-POLICE SERVICES	FORENSIC SCIENTIST I
4000	1952	<input checked="" type="checkbox"/>	1		5		1	SHERIFF-POLICE SERVICES	FORENSIC SCIENTIST II
4000	1953	<input checked="" type="checkbox"/>	1		5		1	SHERIFF-POLICE SERVICES	FORENSIC SCIENTIST III
4000	1954	<input checked="" type="checkbox"/>	2	1	5		2	SHERIFF-POLICE SERVICES	SPVR PHOTO/MAG SVCS
4000	1955	<input checked="" type="checkbox"/>	2	1	5		2	SHERIFF-POLICE SERVICES	PHOTO/MAG SERVICES TECH
4000	1956	<input checked="" type="checkbox"/>	3		5		3	SHERIFF-POLICE SERVICES	SPVR PUBLIC SAFETY DISPATCHER
4000	1957	<input checked="" type="checkbox"/>	3		5		3	SHERIFF-POLICE SERVICES	PUBLIC SAFETY DISPATCHER II
4000	1958	<input checked="" type="checkbox"/>	3		5		3	SHERIFF-POLICE SERVICES	PUBLIC SAFETY DISPATCHER I
4000	1959	<input checked="" type="checkbox"/>	3		5		3	SHERIFF-POLICE SERVICES	MGR-SHERIFF'S COMM CTR
4000	1960	<input checked="" type="checkbox"/>	3		5		3	SHERIFF-POLICE SERVICES	EMG DISPATCH SYS COORD
4000	1961	<input checked="" type="checkbox"/>	2	1	5		2	SHERIFF-POLICE SERVICES	CHIEF SHERIFF/FIRE PILOT
4000	1962	<input checked="" type="checkbox"/>	3		5		3	SHERIFF-POLICE SERVICES	CHIEF HELI MAINT TECH
4000	1963	<input checked="" type="checkbox"/>	3		5		3	SHERIFF-POLICE SERVICES	AVIONICS TECHNICIAN
4000	1964	<input checked="" type="checkbox"/>	3		5		3	SHERIFF-POLICE SERVICES	HELICOPTER MAINT TECH
4000	498	<input checked="" type="checkbox"/>	2	1	5		2	SHERIFF-POLICE SERVICES	SHERIFF RECORDS DIV SUPVR
4000	499	<input checked="" type="checkbox"/>	2	1	5		2	SHERIFF-POLICE SERVICES	SHERIFF RECORDS SUPERVISOR
4000	500	<input checked="" type="checkbox"/>	2	1	5		2	SHERIFF-POLICE SERVICES	SENIOR SHERIFF RECORDS SPECIALIST
4000	501	<input checked="" type="checkbox"/>	2	1	5		2	SHERIFF-POLICE SERVICES	SHERIFF RECORDS SPECIALIST I
4000	502	<input checked="" type="checkbox"/>	2		5		2	SHERIFF-POLICE SERVICES	SHERIFF RECORDS SPECIALIST II
4000	578	<input checked="" type="checkbox"/>	1		5		1	SHERIFF-POLICE SERVICES	INVESTIGATIVE ASSISTANT I
4000	790	<input checked="" type="checkbox"/>	1		5		1	SHERIFF-POLICE SERVICES	SHERIFF FINGERPRINT SPECIALIST
4000	888	<input checked="" type="checkbox"/>	3		5		3	SHERIFF-POLICE SERVICES	MANAGER-FISCAL/ADMIN SERVICES II
4000	999	<input checked="" type="checkbox"/>	3		5		3	SHERIFF-POLICE SERVICES	MANAGER-SHERIFF INFORMATION SYSTEMS
4000	1284	<input checked="" type="checkbox"/>	2	1	5		2	SHERIFF-POLICE SERVICES	COURIER I
4000	1304	<input checked="" type="checkbox"/>	3		5		3	SHERIFF-POLICE SERVICES	INFORMATION PROCESSING OPR I
4000	1307	<input checked="" type="checkbox"/>	3		5		3	SHERIFF-POLICE SERVICES	INFORMATION PROCESSING OPR IV
4050	30	<input checked="" type="checkbox"/>	3		3		3	SHERIFF-DETENTION SERVICE	ADMIN ASSISTANT I
4050	43	<input checked="" type="checkbox"/>	1		3		1	SHERIFF-DETENTION SERVICE	COMMANDER

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
4050	494	✓	3	3	3	3	3	SHERIFF-DETENTION SERVICE	MANAGER-SHERIFF FOOD SERV
4050	550	✓	1	1	3	3	1	SHERIFF-DETENTION SERVICE	DEPUTY SHERIFF
4050	591		3	3	3	3	3	SHERIFF-DETENTION SERVICE	OFFICE SYSTEMS ANALYST II
4050	914	✓	3	3	3	3	3	SHERIFF-DETENTION SERVICE	JAIL COOK
4050	995	✓	1	1	3	3	1	SHERIFF-DETENTION SERVICE	DEPUTY SHERIFF TRAINEE
4050	1001	✓	3	3	3	3	3	SHERIFF-DETENTION SERVICE	SUPERVISOR SHERIFF FOOD SERVICES
4050	1023		3	3	3	3	3	SHERIFF-DETENTION SERVICE	OFFICE SYSTEMS COORDINATOR II
4050	1057	✓	1	1	3	3	1	SHERIFF-DETENTION SERVICE	SENIOR DEPUTY SHERIFF
4050	1060		3	3	3	3	3	SHERIFF-DETENTION SERVICE	LAW CLERK
4050	1091	✓	3	3	3	3	3	SHERIFF-DETENTION SERVICE	GRAPHICS SERVICES SUPERVISOR
4050	1269		3	3	3	3	3	SHERIFF-DETENTION SERVICE	CLERICAL SUPERVISOR I
4050	1270	✓	3	3	3	3	3	SHERIFF-DETENTION SERVICE	CLERICAL SUPERVISOR II
4050	1271	✓	3	3	3	3	3	SHERIFF-DETENTION SERVICE	CLERICAL SUPERVISOR III
4050	1291		3	3	3	3	3	SHERIFF-DETENTION SERVICE	FISCAL ASSISTANT II
4050	1304		3	3	3	3	3	SHERIFF-DETENTION SERVICE	INFORMATION PROCESSING OPR I
4050	1322	✓	3	3	3	3	3	SHERIFF-DETENTION SERVICE	LEGAL PROCESSING ASSISTANT II
4050	1331	✓	3	3	3	3	3	SHERIFF-DETENTION SERVICE	MANAGEMENT ASSISTANT I
4050	1332	✓	3	3	3	3	3	SHERIFF-DETENTION SERVICE	MANAGEMENT ASSISTANT II
4050	1333	✓	3	3	3	3	3	SHERIFF-DETENTION SERVICE	MANAGEMENT ASSISTANT III
4050	1344	✓	3	3	3	3	3	SHERIFF-DETENTION SERVICE	OFFICE ASSISTANT II
4050	1345	✓	3	3	3	3	3	SHERIFF-DETENTION SERVICE	OFFICE ASSISTANT III
4050	1358	✓	21	21	3	3	2	SHERIFF-DETENTION SERVICE	RECORDS TECHNICIAN I
4050	1359	✓	21	21	3	3	2	SHERIFF-DETENTION SERVICE	RECORDS TECHNICIAN II
4050	1360		21	21	3	3	2	SHERIFF-DETENTION SERVICE	RECORDS TECHNICIAN III
4050	1364	✓	1	1	3	3	1	SHERIFF-DETENTION SERVICE	SHERIFF CADET I
4050	1365	✓	1	1	3	3	1	SHERIFF-DETENTION SERVICE	SHERIFF CADET II
4050	1538	✓	3	3	3	3	3	SHERIFF-DETENTION SERVICE	SHERIFF'S SERVICE TECHNICIAN I
4050	1539	✓	3	3	3	3	3	SHERIFF-DETENTION SERVICE	SHERIFF'S SERVICE TECHNICIAN II
4050	1555	✓	1	1	3	3	1	SHERIFF-DETENTION SERVICE	CHIEF-DEPUTY SHERIFF
4050	1698	✓	1	1	3	3	1	SHERIFF-DETENTION SERVICE	SHERIFF'S CAPTAIN
4050	1780	✓	1	1	3	3	1	SHERIFF-DETENTION SERVICE	SHERIFF'S SERGEANT
4050	1822	✓	3	3	3	3	3	SHERIFF-DETENTION SERVICE	STUDENT WORKER II
4050	1823	✓	3	3	3	3	3	SHERIFF-DETENTION SERVICE	STUDENT AIDE
4050	786	✓	21	21	3	3	2	SHERIFF-DETENTION SERVICE	SENIOR SHERIFF CUSTODY RECORDS SUP
4050	787	✓	21	21	3	3	2	SHERIFF-DETENTION SERVICE	SHERIFF CUSTODY RECORDS SUP

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
4050	788	<input checked="" type="checkbox"/>	1		3	3	1	SHERIFF-DETENTION SERVICE	SHERIFF INTAKE & RELEASE SPECIALIST
4050	789	<input checked="" type="checkbox"/>	1		3	3	1	SHERIFF-DETENTION SERVICE	SENIOR SHERIFF INTAKE & RELEASE SPEC
4050	1284	<input checked="" type="checkbox"/>	2	1	3	3	2	SHERIFF-DETENTION SERVICE	COURIER I
4050	1285	<input checked="" type="checkbox"/>	2	1	3	3	2	SHERIFF-DETENTION SERVICE	COURIER II
4050	1323	<input checked="" type="checkbox"/>	3		3	3	3	SHERIFF-DETENTION SERVICE	LEGAL PROCESSING ASSISTANT III
4050	1491	<input checked="" type="checkbox"/>	3		3	3	3	SHERIFF-DETENTION SERVICE	ADMIN ASSISTANT II-NE
4050	1710	<input checked="" type="checkbox"/>	3		3	3	3	SHERIFF-DETENTION SERVICE	STAFF/SERVICES MANAGER II
4050	1955	<input checked="" type="checkbox"/>	3		3	3	3	SHERIFF-DETENTION SERVICE	PHOTO/IMAG SERVICES TECH
4050	1970	<input checked="" type="checkbox"/>	3		3	3	3	SHERIFF-DETENTION SERVICE	OFFICE SUPP WORKER-CW
4050	501	<input checked="" type="checkbox"/>	2	1	3	3	2	SHERIFF-DETENTION SERVICE	SHERIFF RECORDS SPECIALIST I
4050	503	<input checked="" type="checkbox"/>	2	1	3	3	2	SHERIFF-DETENTION SERVICE	CUSTODY RECORDS TECHNICIAN I
4050	504	<input checked="" type="checkbox"/>	2	1	3	3	2	SHERIFF-DETENTION SERVICE	CUSTODY RECORDS TECHNICIAN II
4080	623	<input checked="" type="checkbox"/>	3		3	3	3	SHERIFF INMATE WELFARE	PROGRAM ADMINISTRATOR II
4080	748	<input checked="" type="checkbox"/>	3		3	3	3	SHERIFF INMATE WELFARE	PROGRAM ADMINISTRATOR III
4080	1491	<input checked="" type="checkbox"/>	3		3	3	3	SHERIFF INMATE WELFARE	ADMIN ASSISTANT II-NE
4080	1823	<input checked="" type="checkbox"/>	3		3	3	3	SHERIFF INMATE WELFARE	STUDENT AIDE
4090	622	<input type="checkbox"/>	3		3	3	3	SHERIFF INMATE COMMISSARY	PROGRAM ADMINISTRATOR I
4090	623	<input checked="" type="checkbox"/>	3		3	3	3	SHERIFF INMATE COMMISSARY	PROGRAM ADMINISTRATOR II
4090	1284	<input checked="" type="checkbox"/>	3		3	3	3	SHERIFF INMATE COMMISSARY	COURIER I
4090	1312	<input checked="" type="checkbox"/>	3		3	3	3	SHERIFF INMATE COMMISSARY	INVENTORY MANAGEMENT ASSISTANT I
4090	1313	<input type="checkbox"/>	3		3	3	3	SHERIFF INMATE COMMISSARY	INVENTORY MANAGEMENT ASSISTANT II
4090	1315	<input type="checkbox"/>	3		3	3	3	SHERIFF INMATE COMMISSARY	INVENTORY MANAGEMENT ASSISTANT III
4090	1345	<input checked="" type="checkbox"/>	3		3	3	3	SHERIFF INMATE COMMISSARY	OFFICE ASSISTANT III
4090	1490	<input checked="" type="checkbox"/>	3		3	3	3	SHERIFF INMATE COMMISSARY	ADMIN ASSISTANT I-NE
4090	1823	<input checked="" type="checkbox"/>	3		3	3	3	SHERIFF INMATE COMMISSARY	STUDENT AIDE
4200	9	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY PROBATION AGCY	ACCOUNTANT III
4200	30	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY PROBATION AGCY	ADMIN ASSISTANT I
4200	31	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY PROBATION AGCY	ADMIN ASSISTANT II
4200	34	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY PROBATION AGCY	ADMIN OFFICER I
4200	566	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY PROBATION AGCY	TECHNICAL SPECIALIST III-PH
4200	614	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY PROBATION AGCY	DEPUTY PROBATION OFFICER
4200	814	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY PROBATION AGCY	DIR PROBATION AGENCY
4200	815	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY PROBATION AGCY	MGR PROBATION AGENCY
4200	988	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY PROBATION AGCY	CORRECTIONS SERVICES OFFICER I
4200	989	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY PROBATION AGCY	CORRECTIONS SERVICES OFFICER II

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
4200	991	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY PROBATION AGCY	CORRECTIONS SERVICES OFFICER III
4200	1022	<input type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	OFFICE SYSTEMS COORDINATOR I
4200	1024	<input checked="" type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	OFFICE SYSTEMS COORDINATOR III
4200	1213	<input checked="" type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	PRINCIPAL ACCOUNTANT
4200	1269	<input checked="" type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	CLERICAL SUPERVISOR I
4200	1271	<input checked="" type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	CLERICAL SUPERVISOR III
4200	1272	<input checked="" type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	CLERICAL SERVICE MANAGER
4200	1276	<input type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	COLLECTIONS OFFICER III
4200	1285	<input checked="" type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	COURIER II
4200	1292	<input type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	FISCAL ASSISTANT III
4200	1293	<input type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	FISCAL ASSISTANT IV
4200	1295	<input checked="" type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	FISCAL TECHNICIAN I
4200	1296	<input checked="" type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	FISCAL TECHNICIAN II
4200	1305	<input type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	INFORMATION PROCESSING OPR II
4200	1306	<input checked="" type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	INFORMATION PROCESSING OPR III
4200	1307	<input checked="" type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	INFORMATION PROCESSING OPR IV
4200	1322	<input checked="" type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	LEGAL PROCESSING ASSISTANT II
4200	1332	<input checked="" type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	MANAGEMENT ASSISTANT II
4200	1333	<input checked="" type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	MANAGEMENT ASSISTANT III
4200	1338	<input checked="" type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	MANAGEMENT ASSISTANT IV-CONF
4200	1344	<input checked="" type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	OFFICE ASSISTANT II
4200	1345	<input checked="" type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	OFFICE ASSISTANT III
4200	1548	<input checked="" type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	SENIOR ACCOUNTANT
4200	1595	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY PROBATION AGCY	SENIOR DEPUTY PROBATION OFCR
4200	1621	<input checked="" type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	OFFICE SYSTEM COORDINATOR IV
4200	1757	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY PROBATION AGCY	CHIEF-DEPUTY-PROBATION
4200	1758	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY PROBATION AGCY	EXECUTIVE OFFICER-PROBATION
4200	1823	<input checked="" type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	STUDENT AIDE
4200	1875	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY PROBATION AGCY	SUPERVISING DEPUTY PROBA
4200	33	<input checked="" type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	ADMIN OFFICER II
4200	498	<input checked="" type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	SHERIFF RECORDS DIV SUPVR
4200	569	<input checked="" type="checkbox"/>	3		3		3	VENTURA COUNTY PROBATION AGCY	TECHNICAL SPECIALIST IV-PH
4200	788	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY PROBATION AGCY	SHERIFF INTAKE & RELEASE SPECIALIST
4200	1023	<input checked="" type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	OFFICE SYSTEMS COORDINATOR II
4200	1323	<input checked="" type="checkbox"/>	3		5		3	VENTURA COUNTY PROBATION AGCY	LEGAL PROCESSING ASSISTANT III

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
4200	1347	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY PROBATION AGCY	OFFICE ASSISTANT IV
4500	45	<input checked="" type="checkbox"/>	3		5	5	3	AGRICULTURE COMMISSIONER	AGRIC COMMISSIONER
4500	51	<input checked="" type="checkbox"/>	3		5	5	1	AGRICULTURE COMMISSIONER	AGRIC INSPECTOR TRAINEE
4500	52	<input checked="" type="checkbox"/>	3		5	5	1	AGRICULTURE COMMISSIONER	AGRIC INSPECTOR I
4500	55	<input checked="" type="checkbox"/>	3		5	5	1	AGRICULTURE COMMISSIONER	AGRIC INSPECTOR IV
4500	309	<input checked="" type="checkbox"/>	3		5	5	3	AGRICULTURE COMMISSIONER	CHIEF-DEPUTY AGRICULTURAL COMM
4500	573	<input checked="" type="checkbox"/>	3		5	5	1	AGRICULTURE COMMISSIONER	INSECT DETECTION SPCLST I
4500	575	<input checked="" type="checkbox"/>	3		5	5	1	AGRICULTURE COMMISSIONER	INSECT DETECTION SPCLST II
4500	1189	<input checked="" type="checkbox"/>	3		5	5	3	AGRICULTURE COMMISSIONER	PLANNER IV
4500	1293	<input checked="" type="checkbox"/>	3		5	5	3	AGRICULTURE COMMISSIONER	FISCAL ASSISTANT IV
4500	1333	<input checked="" type="checkbox"/>	3		5	5	3	AGRICULTURE COMMISSIONER	MANAGEMENT ASSISTANT III
4500	1344	<input checked="" type="checkbox"/>	3		5	5	3	AGRICULTURE COMMISSIONER	OFFICE ASSISTANT II
4500	1345	<input checked="" type="checkbox"/>	3		5	5	3	AGRICULTURE COMMISSIONER	OFFICE ASSISTANT III
4500	1560	<input checked="" type="checkbox"/>	3		5	5	2	AGRICULTURE COMMISSIONER	SENIOR AGRIC INSPECTOR
4500	1823	<input checked="" type="checkbox"/>	3		5	5	3	AGRICULTURE COMMISSIONER	STUDENT AIDE
4500	1860	<input checked="" type="checkbox"/>	3		5	5	2	AGRICULTURE COMMISSIONER	SUPERVISING AGRIC INSPECT
4500	53	<input checked="" type="checkbox"/>	3		5	5	1	AGRICULTURE COMMISSIONER	AGRIC INSPECTOR II
4500	54	<input checked="" type="checkbox"/>	3		5	5	1	AGRICULTURE COMMISSIONER	AGRIC INSPECTOR III
4500	510	<input checked="" type="checkbox"/>	3		5	5	3	AGRICULTURE COMMISSIONER	DEPUTY AGRIC COMMISSIONER
4500	2	<input checked="" type="checkbox"/>	3		5	5	3	AGRICULTURE COMMISSIONER	COUNTY WORKER - EXTRA HELP
4600	70	<input checked="" type="checkbox"/>	3		5	5	1	ANIMAL REGULATION	ANIMAL CONTROL OFFICER II (FIELD)
4600	212	<input checked="" type="checkbox"/>	3		5	5	1	ANIMAL REGULATION	ANIMAL HEALTH TECHNICIAN
4600	244	<input checked="" type="checkbox"/>	3		5	5	1	ANIMAL REGULATION	SUPERVISING ANIMAL CONT OFFICER
4600	406	<input checked="" type="checkbox"/>	3		5	5	2	ANIMAL REGULATION	COMMUNITY SERVICES COORDINATOR
4600	493	<input checked="" type="checkbox"/>	3		5	5	3	ANIMAL REGULATION	DATA ENTRY OPERATOR III
4600	953	<input checked="" type="checkbox"/>	3		5	5	1	ANIMAL REGULATION	ANIMAL CONTROL OFFICER III (FIELD)
4600	954	<input checked="" type="checkbox"/>	3		5	5	1	ANIMAL REGULATION	MANAGER-VETERINARY SERVICES
4600	1024	<input checked="" type="checkbox"/>	3		5	5	3	ANIMAL REGULATION	OFFICE SYSTEMS COORDINATOR III
4600	1278	<input checked="" type="checkbox"/>	3		5	5	3	ANIMAL REGULATION	COMMUNICATIONS OPERATOR II
4600	1292	<input checked="" type="checkbox"/>	3		5	5	3	ANIMAL REGULATION	FISCAL ASSISTANT III
4600	1338	<input checked="" type="checkbox"/>	3		5	5	3	ANIMAL REGULATION	MANAGEMENT ASSISTANT IV-CONF
4600	1345	<input checked="" type="checkbox"/>	3		5	5	3	ANIMAL REGULATION	OFFICE ASSISTANT III
4600	1347	<input checked="" type="checkbox"/>	3		5	5	3	ANIMAL REGULATION	OFFICE ASSISTANT IV
4600	1516	<input checked="" type="checkbox"/>	3		5	5	2	ANIMAL REGULATION	DIRECTOR ANIMAL REG
4600	1609	<input checked="" type="checkbox"/>	3		5	5	3	ANIMAL REGULATION	DEPARTMENT FISCAL OFFICER I

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
4600		<input type="checkbox"/>	3		5	5	2	ANIMAL REGULATION	DEPUTY DIRECTOR
4600		<input type="checkbox"/>	3		5	5	1	ANIMAL REGULATION	ANIMAL LICENSE INSPECTOR I
4600	69	<input checked="" type="checkbox"/>	3		5	5	1	ANIMAL REGULATION	ANIMAL CONTROL OFFICER I (KENNEL)
4600	70	<input checked="" type="checkbox"/>	3		5	5	1	ANIMAL REGULATION	ANIMAL CONTROL OFFICER II (KENNEL)
4630	572	<input checked="" type="checkbox"/>	1		3	3	1	RAIN-RIVER DWELLER AID	TECHNICAL SPECIALIST IV-PI
4630	1156	<input checked="" type="checkbox"/>	1		3	3	1	RAIN-RIVER DWELLER AID	COMMUNITY SERVICE WORKER I
4630	1158	<input checked="" type="checkbox"/>	1		3	3	1	RAIN-RIVER DWELLER AID	COMMUNITY SERVICE WORKER III
4630	1709	<input type="checkbox"/>	1		3	3	1	RAIN-RIVER DWELLER AID	STAFF/SERVICES MANAGER II
4630	1790	<input checked="" type="checkbox"/>	23		3	3	2	RAIN-RIVER DWELLER AID	SOCIAL WORKER II
4630	1157	<input checked="" type="checkbox"/>	1		3	3	1	RAIN-RIVER DWELLER AID	COMMUNITY SERVICE WORKER II
4630	406	<input checked="" type="checkbox"/>	3		3	3	2	RAIN-RIVER DWELLER AID	COMMUNITY SERVICES COORDINATOR
4630	1292	<input type="checkbox"/>	3		5	5	3	RAIN-RIVER DWELLER AID	FISCAL ASSISTANT III
4630	1345	<input checked="" type="checkbox"/>	3		5	5	3	RAIN-RIVER DWELLER AID	OFFICE ASSISTANT III
4630	1710	<input checked="" type="checkbox"/>	1		3	3	1	RAIN-RIVER DWELLER AID	STAFF/SERVICES MANAGER II
4700	803	<input checked="" type="checkbox"/>	3		5	5	2	RMA-PLANNING DEPARTMENT	PLANNER I
4700	804	<input checked="" type="checkbox"/>	3		5	5	2	RMA-PLANNING DEPARTMENT	PLANNER II
4700	805	<input checked="" type="checkbox"/>	3		5	5	2	RMA-PLANNING DEPARTMENT	PLANNER III
4700	1064	<input type="checkbox"/>	3		5	5	2	RMA-PLANNING DEPARTMENT	DEPUTY DIRECTOR II RMA
4700	1104	<input type="checkbox"/>	3		5	5	2	RMA-PLANNING DEPARTMENT	RESOURCE MGMT AGN TECH I-PLNG
4700	1106	<input checked="" type="checkbox"/>	3		5	5	2	RMA-PLANNING DEPARTMENT	RESOURCE MGMT AGN TECH II-PLNG
4700	1179	<input checked="" type="checkbox"/>	3		5	5	2	RMA-PLANNING DEPARTMENT	MANAGER-RES MGT AGY SERVICES II
4700	1189	<input checked="" type="checkbox"/>	3		5	5	2	RMA-PLANNING DEPARTMENT	PLANNER IV
4700	5223	<input checked="" type="checkbox"/>	3		5	5	2	RMA-PLANNING DEPARTMENT	PLANNER IV TEMP CLASS
4700	809	<input checked="" type="checkbox"/>	3		5	5	2	RMA-PLANNING DEPARTMENT	DEPUTY DIRECTOR RMA-PLANNING
4700	1110	<input checked="" type="checkbox"/>	3		5	5	2	RMA-PLANNING DEPARTMENT	RESOURCE MGMT AGN TECH III
4700	1823	<input checked="" type="checkbox"/>	3		5	5	3	RMA-PLANNING DEPARTMENT	STUDENT AIDE
4710	1064	<input checked="" type="checkbox"/>	3		5	5	2	RMA- BUILDING & SAFETY	DEPUTY DIRECTOR II RMA
4710	1108	<input checked="" type="checkbox"/>	3		5	5	2	RMA- BUILDING & SAFETY	RESOURCE MGMT AGN TECH II-B/S
4710	1130	<input checked="" type="checkbox"/>	3		5	5	2	RMA- BUILDING & SAFETY	BUILDING INSPECTOR I
4710	1131	<input checked="" type="checkbox"/>	3		5	5	2	RMA- BUILDING & SAFETY	BUILDING INSPECTOR II
4710	1132	<input checked="" type="checkbox"/>	3		5	5	2	RMA- BUILDING & SAFETY	BUILDING INSPECTOR III
4710	1133	<input checked="" type="checkbox"/>	3		5	5	2	RMA- BUILDING & SAFETY	BUILDING INSPECTOR IV
4710	1179	<input checked="" type="checkbox"/>	3		5	5	3	RMA- BUILDING & SAFETY	MANAGER-RES MGT AGY SERVICES II
4710	1345	<input type="checkbox"/>	3		5	5	3	RMA- BUILDING & SAFETY	OFFICE ASSISTANT III
4710	1659	<input type="checkbox"/>	3		5	5	3	RMA- BUILDING & SAFETY	PLAN CHECK ENGINEER II

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4710	1662	<input checked="" type="checkbox"/>	3		5		3	RMA- BUILDING & SAFETY	PLAN CHECK ENGINEER III
4710	1746	<input checked="" type="checkbox"/>	3		5		3	RMA- BUILDING & SAFETY	STAFF ENGINEER
4710	1823	<input checked="" type="checkbox"/>	3		5		3	RMA- BUILDING & SAFETY	STUDENT AIDE
4710	1107	<input checked="" type="checkbox"/>	3		5		2	RMA- BUILDING & SAFETY	RESOURCE MGMT AGN TECH I-B/S
4710	1658	<input checked="" type="checkbox"/>	3		5		3	RMA- BUILDING & SAFETY	PLAN CHECK ENGINEER I
4720	1179	<input checked="" type="checkbox"/>	3		5		2	RMA-WEIGHTS & MEASURES	MANAGER-RES MGT AGY SERVICES II
4720	1202	<input checked="" type="checkbox"/>	3		5		2	RMA-WEIGHTS & MEASURES	WEIGHTS & MEASURES INSPECTOR II
4720	1203	<input type="checkbox"/>	3		5		2	RMA-WEIGHTS & MEASURES	WEIGHTS & MEASURES INSPECTOR III
4720	1204	<input checked="" type="checkbox"/>	3		5		2	RMA-WEIGHTS & MEASURES	SUPERVISING WEIGHTS & MEASURES INSP
4720	1109	<input checked="" type="checkbox"/>	3		5		2	RMA-WEIGHTS & MEASURES	RESOURCE MGMT AGN TECH-WTS/MSR
4720	1203	<input checked="" type="checkbox"/>	3		5		2	RMA-WEIGHTS & MEASURES	WEIGHTS & MEASURES INSPECTOR III
4730	9	<input checked="" type="checkbox"/>	3		5		3	RMA-OPERATIONS	ACCOUNTANT III
4730	30	<input checked="" type="checkbox"/>	3		5		3	RMA-OPERATIONS	ADMIN ASSISTANT I
4730	33	<input checked="" type="checkbox"/>	3		5		3	RMA-OPERATIONS	ADMIN OFFICER II
4730	574	<input checked="" type="checkbox"/>	3		5		3	RMA-OPERATIONS	DIRECTOR RESOURCE MANAGEMENT AGEN
4730	888	<input checked="" type="checkbox"/>	3		5		3	RMA-OPERATIONS	MANAGER-FISCAL/ADMIN SERVICES II
4730	949	<input checked="" type="checkbox"/>	3		5		3	RMA-OPERATIONS	DRAFTING SERVICES SUPERVISOR
4730	950	<input checked="" type="checkbox"/>	3		5		3	RMA-OPERATIONS	DRAFTING TECHNICIAN III
4730	952	<input checked="" type="checkbox"/>	3		5		3	RMA-OPERATIONS	DRAFTING TECHNICIAN I
4730	1019	<input checked="" type="checkbox"/>	3		5		3	RMA-OPERATIONS	ACCOUNTING SPECIALIST III
4730	1064	<input checked="" type="checkbox"/>	3		5		3	RMA-OPERATIONS	DEPUTY DIRECTOR II RMA
4730	1270	<input checked="" type="checkbox"/>	3		5		3	RMA-OPERATIONS	CLERICAL SUPERVISOR II
4730	1292	<input type="checkbox"/>	3		5		3	RMA-OPERATIONS	FISCAL ASSISTANT III
4730	1296	<input checked="" type="checkbox"/>	3		5		3	RMA-OPERATIONS	FISCAL TECHNICIAN II
4730	1306	<input checked="" type="checkbox"/>	3		5		3	RMA-OPERATIONS	INFORMATION PROCESSING OPR III
4730	1332	<input checked="" type="checkbox"/>	3		5		3	RMA-OPERATIONS	MANAGEMENT ASSISTANT II
4730	1333	<input checked="" type="checkbox"/>	3		5		3	RMA-OPERATIONS	MANAGEMENT ASSISTANT III
4730	1338	<input checked="" type="checkbox"/>	3		5		3	RMA-OPERATIONS	MANAGEMENT ASSISTANT IV-CONF
4730	1345	<input checked="" type="checkbox"/>	3		5		3	RMA-OPERATIONS	OFFICE ASSISTANT III
4730	1548	<input checked="" type="checkbox"/>	3		5		3	RMA-OPERATIONS	SENIOR ACCOUNTANT
4730	1823	<input checked="" type="checkbox"/>	3		5		3	RMA-OPERATIONS	STUDENT AIDE
4730	1024	<input checked="" type="checkbox"/>	3		5		3	RMA-OPERATIONS	OFFICE SYSTEMS COORDINATOR III
4730	1178	<input checked="" type="checkbox"/>	3		5		3	RMA-OPERATIONS	MANAGER-RES MGT AGY SERVICES I
4730	1291	<input checked="" type="checkbox"/>	3		5		3	RMA-OPERATIONS	FISCAL ASSISTANT II
4730	1621	<input checked="" type="checkbox"/>	3		5		3	RMA-OPERATIONS	OFFICE SYSTEM COORDINATOR IV

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
4750	182	<input checked="" type="checkbox"/>	3		5		2	RMA-ENVIRONMENTAL HEALTH DEPT	RESOURCE MGMT AGN TECH I
4750	478	<input type="checkbox"/>	3		5		2	RMA-ENVIRONMENTAL HEALTH DEPT	RESOURCE MGMT AGN TECH IV
4750	944	<input checked="" type="checkbox"/>	3		5		2	ENVIRONMENTAL HEALTH DEPT	ENVIRONMENTAL HEALTH SPECIALIST II
4750	945	<input checked="" type="checkbox"/>	2	1	5		2	RMA-ENVIRONMENTAL HEALTH DEPT	ENVIRONMENTAL HEALTH SPECIALIST III
4750	1053	<input checked="" type="checkbox"/>	3		5		2	RMA-ENVIRONMENTAL HEALTH DEPT	SENIOR SOLID WASTE ENGINEER
4750	1064	<input checked="" type="checkbox"/>	3		5		3	RMA-ENVIRONMENTAL HEALTH DEPT	DEPUTY DIRECTOR II RMA
4750	1102	<input checked="" type="checkbox"/>	3		5		2	RMA-ENVIRONMENTAL HEALTH DEPT	RESOURCE MGMT AGN TECH I-ENV HL
4750	1103	<input checked="" type="checkbox"/>	3		5		2	RMA-ENVIRONMENTAL HEALTH DEPT	RESOURCE MGMT AGN TECH II-ENHL
4750	1179	<input checked="" type="checkbox"/>	3		5		2	RMA-ENVIRONMENTAL HEALTH DEPT	MANAGER-RES MGT AGY SERVICES II
4750	1181	<input checked="" type="checkbox"/>	3		5		2	RMA-ENVIRONMENTAL HEALTH DEPT	ENVIRONMENTAL HEALTH SPECIALIST IV
4750	1332	<input type="checkbox"/>	3		5		3	RMA-ENVIRONMENTAL HEALTH DEPT	MANAGEMENT ASSISTANT II
4750	1566	<input checked="" type="checkbox"/>	3		5		2	RMA-ENVIRONMENTAL HEALTH DEPT	SUPERVISING ENVIRONMENTAL HLTH SPEC
4750	1621	<input type="checkbox"/>	3		5		3	RMA-ENVIRONMENTAL HEALTH DEPT	OFFICE SYSTEM COORDINATOR IV
4750	943	<input checked="" type="checkbox"/>	3		5		2	RMA-ENVIRONMENTAL HEALTH DEPT	ENVIRONMENTAL HEALTH SPECIALIST I
4750	1110	<input checked="" type="checkbox"/>	3		5		2	RMA-ENVIRONMENTAL HEALTH DEPT	RESOURCE MGMT AGN TECH III
4750	1823	<input checked="" type="checkbox"/>	3		5		3	RMA-ENVIRONMENTAL HEALTH DEPT	STUDENT AIDE
4850	60	<input type="checkbox"/>	3		5		2	AIR POLLUTION CONTROL DISTRICT	AIR POLLUTION ENGINEER II
4850	1063	<input type="checkbox"/>	3		5		3	AIR POLLUTION CONTROL DISTRICT	DEPUTY DIRECTOR I RMA
4850	1098	<input type="checkbox"/>	3		5		2	AIR POLLUTION CONTROL DISTRICT	AIR QUALITY SPECIALIST II
4850	1192	<input type="checkbox"/>	3		5		2	AIR POLLUTION CONTROL DISTRICT	AIR QUALITY COMPLIANCE INSP II
4850	1197	<input type="checkbox"/>	3		5		2	AIR POLLUTION CONTROL DISTRICT	AIR POLLUTION INST TECH II
4850	1218	<input type="checkbox"/>	3		5		2	AIR POLLUTION CONTROL DISTRICT	AIR POLLUTION METEOROLOGIST II
4850	1270	<input type="checkbox"/>	3		5		3	AIR POLLUTION CONTROL DISTRICT	CLERICAL SUPERVISOR II
4850	1615	<input type="checkbox"/>	3		5		3	AIR POLLUTION CONTROL DISTRICT	ADMIN ASST IV
4850	1822	<input type="checkbox"/>	3		5		3	AIR POLLUTION CONTROL DISTRICT	STUDENT WORKER II
4850	1823	<input type="checkbox"/>	3		5		3	AIR POLLUTION CONTROL DISTRICT	STUDENT AIDE
4850	9101	<input checked="" type="checkbox"/>	3		5		3	AIR POLLUTION CONTROL DISTRICT	APCD A/P CONTROL OFF/EXEC OFF
4850	9102	<input checked="" type="checkbox"/>	3		5		3	AIR POLLUTION CONTROL DISTRICT	APCD MGR FISC/ADMIN SERVICES
4850	9103	<input checked="" type="checkbox"/>	3		5		3	AIR POLLUTION CONTROL DISTRICT	APCD MGR AIR QUALITY PROGRAMS
4850	9104	<input checked="" type="checkbox"/>	3		5		3	AIR POLLUTION CONTROL DISTRICT	APCD MGR OFFICE SYSTEMS
4850	9105	<input checked="" type="checkbox"/>	3		5		3	AIR POLLUTION CONTROL DISTRICT	APCD MGR PUBLIC INFO SERVICES
4850	9110	<input checked="" type="checkbox"/>	3		5		3	AIR POLLUTION CONTROL DISTRICT	APCD FISCAL OFFICER
4850	9111	<input checked="" type="checkbox"/>	3		5		3	AIR POLLUTION CONTROL DISTRICT	APCD PUBLIC INFO SPECIALIST
4850	9121	<input checked="" type="checkbox"/>	3		5		2	AIR POLLUTION CONTROL DISTRICT	APCD AIR QUALITY ENG. II
4850	9122	<input checked="" type="checkbox"/>	3		5		2	AIR POLLUTION CONTROL DISTRICT	APCD SUPV/G AIR QUAL. ENG.

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4850	9131	<input checked="" type="checkbox"/>	3		5		2	AIR POLLUTION CONTROL DISTRICT	APCD AQ CHEMIST II
4850	9132	<input checked="" type="checkbox"/>	3		5		2	AIR POLLUTION CONTROL DISTRICT	APCD SUPERVISING A Q CHEMIST
4850	9140	<input checked="" type="checkbox"/>	3		5		2	AIR POLLUTION CONTROL DISTRICT	APCD AQ SPEC. I
4850	9141	<input checked="" type="checkbox"/>	3		5		2	AIR POLLUTION CONTROL DISTRICT	APCD AQ SPEC. II
4850	9142	<input checked="" type="checkbox"/>	3		5		2	AIR POLLUTION CONTROL DISTRICT	APCD SUPERVISING AQ SPEC.
4850	9151	<input checked="" type="checkbox"/>	3		5		2	AIR POLLUTION CONTROL DISTRICT	APCD AQ METEOROLOGIST II
4850	9152	<input checked="" type="checkbox"/>	3		5		2	AIR POLLUTION CONTROL DISTRICT	APCD SUP AQ METEOR
4850	9171	<input checked="" type="checkbox"/>	3		5		2	AIR POLLUTION CONTROL DISTRICT	APCD AQ INST. TECH. II
4850	9172	<input checked="" type="checkbox"/>	3		5		2	AIR POLLUTION CONTROL DISTRICT	APCD AQ INST TECH III
4850	9173	<input checked="" type="checkbox"/>	3		5		2	AIR POLLUTION CONTROL DISTRICT	APCD SUPVG. A Q INST.TECH
4850	9176	<input checked="" type="checkbox"/>	3		5		2	AIR POLLUTION CONTROL DISTRICT	APCD AIR QUALITY TECH II
4850	9180	<input type="checkbox"/>	3		5		3	AIR POLLUTION CONTROL DISTRICT	APCD OFFICE SYSEM COOR I
4850	9181	<input checked="" type="checkbox"/>	3		5		3	AIR POLLUTION CONTROL DISTRICT	APCD OFFICE SYSEM COOR II
4850	9182	<input checked="" type="checkbox"/>	3		5		3	AIR POLLUTION CONTROL DISTRICT	APCD OFFICE SYSEM COOR III
4850	9186	<input checked="" type="checkbox"/>	3		5		3	AIR POLLUTION CONTROL DISTRICT	APCD MANAGEMENT ASST II
4850	9192	<input type="checkbox"/>	3		5		3	AIR POLLUTION CONTROL DISTRICT	APCD FISCAL ASST. III
4850	9195	<input checked="" type="checkbox"/>	3		5		3	AIR POLLUTION CONTROL DISTRICT	APCD OFFICE ASST III
4850	1184	<input checked="" type="checkbox"/>	3		5		3	AIR POLLUTION CONTROL DISTRICT	APCD FISCAL ASSISTANT IV
4850	9196	<input checked="" type="checkbox"/>	3		5		3	AIR POLLUTION CONTROL DISTRICT	APCD STUDENT AIDE
4900	20	<input type="checkbox"/>	3		5		3	LAFCO/COG	ADMIN AIDE
4900	270	<input type="checkbox"/>	3		5		3	LAFCO/COG	LAFCO VCOG EXEC OFFICER
4900	1332	<input type="checkbox"/>	3		5		3	LAFCO/COG	MANAGEMENT ASSISTANT II
4900	1333	<input type="checkbox"/>	3		5		3	LAFCO/COG	MANAGEMENT ASSISTANT III
4900	1611	<input checked="" type="checkbox"/>	3		5		3	LAFCO/COG	ADMIN ASST III
4900	1708	<input type="checkbox"/>	3		5		3	LAFCO/COG	STAFF/SERVICES SPECIALIST II
5000	341	<input checked="" type="checkbox"/>	1		3		1	HCA-MEDICAL EXAMINER	CHIEF-MEDICAL EXAMINER
5000	1038	<input checked="" type="checkbox"/>	1		3		1	HCA-MEDICAL EXAMINER	ASSIST CHIEF MEDICAL EXMNR
5000	1094	<input type="checkbox"/>	1		3		1	HCA-MEDICAL EXAMINER	AUTOPSY ASSISTANT
5000	1333	<input checked="" type="checkbox"/>	3		3		3	HCA-MEDICAL EXAMINER	MANAGEMENT ASSISTANT III
5000	1457	<input checked="" type="checkbox"/>	1		3		1	HCA-MEDICAL EXAMINER	CORONER INVESTIGATOR I
5000	1458	<input checked="" type="checkbox"/>	1		3		1	HCA-MEDICAL EXAMINER	CORONER INVESTIGATOR II
5000	1459	<input type="checkbox"/>	1		3		1	HCA-MEDICAL EXAMINER	SUPERVISING CORONER INVESTIGATOR
5000	1781	<input checked="" type="checkbox"/>	1		3		1	HCA-MEDICAL EXAMINER	FORENSIC PATHOL TECH
5000	30	<input checked="" type="checkbox"/>	3		3		3	HCA-MEDICAL EXAMINER	ADMIN ASSISTANT I
5010	7	<input type="checkbox"/>	3		5		3	HCA-ADMIN & SUPPORT SVCS	ACCOUNTANT I

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5010	9	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	ACCOUNTANT III
5010	30	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	ADMIN ASSISTANT I
5010	33	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	ADMIN OFFICER II
5010	493	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	DATA ENTRY OPERATOR III
5010	569	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	TECHNICAL SPECIALIST IV-PH
5010	680	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	INFORMATION SYSTEMS ANALYST
5010	889	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	MANAGER-FISCAL/ADMIN SERVICES III
5010	930	<input type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	HEALTH CARE AGY FISCAL OFFICER III
5010	994	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	DIRECTOR HEALTH CARE AGENCY
5010	1018	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	ACCOUNTING SPECIALIST II
5010	1019	<input type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	ACCOUNTING SPECIALIST III
5010	1024	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	OFFICE SYSTEMS COORDINATOR III
5010	1174	<input type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	SENIOR PROGRAM ADMINISTRATOR
5010	1240	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	MANAGER-PATIENT ACCOUNTS
5010	1270	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	CLERICAL SUPERVISOR II
5010	1271	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	CLERICAL SUPERVISOR III
5010	1273	<input type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	CLERICAL TRAINEE
5010	1274	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	COLLECTIONS OFFICER I
5010	1275	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	COLLECTIONS OFFICER II
5010	1276	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	COLLECTIONS OFFICER III
5010	1290	<input type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	FISCAL ASSISTANT I
5010	1291	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	FISCAL ASSISTANT II
5010	1292	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	FISCAL ASSISTANT III
5010	1293	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	FISCAL ASSISTANT IV
5010	1295	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	FISCAL TECHNICIAN I
5010	1296	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	FISCAL TECHNICIAN II
5010	1329	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	MEDICAL OFFICE ASSISTANT II
5010	1330	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	MEDICAL OFFICE ASSISTANT III
5010	1332	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	MANAGEMENT ASSISTANT II
5010	1338	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	MANAGEMENT ASSISTANT IV-CONF
5010	1339	<input type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	OFFICE ASSISTANT I
5010	1344	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	OFFICE ASSISTANT II
5010	1345	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	OFFICE ASSISTANT III
5010	1347	<input checked="" type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	OFFICE ASSISTANT IV
5010	1359	<input type="checkbox"/>	3		5	5		HCA-ADMIN & SUPPORT SVCS	RECORDS TECHNICIAN II

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
5010	1415	<input checked="" type="checkbox"/>	3		5	5	3	HCA-ADMIN & SUPPORT SVCS	INFORMATION SYSTEMS PROG-ANL
5010	1464	<input type="checkbox"/>	3		5	5	2	HCA-ADMIN & SUPPORT SVCS	SUPP STAFF PROG ASSOC-NURSING
5010	1548	<input checked="" type="checkbox"/>	3		5	5	3	HCA-ADMIN & SUPPORT SVCS	SENIOR ACCOUNTANT
5010	1644	<input checked="" type="checkbox"/>	3		5	5	3	HCA-ADMIN & SUPPORT SVCS	INSURANCE SERVICES ADMINISTRATOR
5010	1650	<input type="checkbox"/>	3		5	5	3	HCA-ADMIN & SUPPORT SVCS	CHIEF-FINANCIAL OFFICER-HCA
5010	1696	<input type="checkbox"/>	1		3	3	1	HCA-ADMIN & SUPPORT SVCS	SENIOR REGISTERED NURSE
5010	1699	<input checked="" type="checkbox"/>	3		5	5	3	HCA-ADMIN & SUPPORT SVCS	DEPUTY DIRECTOR HLTH CARE AGENCY
5010	1711	<input checked="" type="checkbox"/>	3		5	5	3	HCA-ADMIN & SUPPORT SVCS	STAFF/SERVICES MANAGER III
5010	1822	<input checked="" type="checkbox"/>	3		5	5	3	HCA-ADMIN & SUPPORT SVCS	STUDENT WORKER II
5010	1823	<input checked="" type="checkbox"/>	3		5	5	3	HCA-ADMIN & SUPPORT SVCS	STUDENT AIDE
5010	5276	<input type="checkbox"/>	3		5	5	3	HCA-ADMIN & SUPPORT SVCS	SENIOR ACCOUNTANT-TC
5010	938	<input checked="" type="checkbox"/>	3		5	5	3	HCA-ADMIN & SUPPORT SVCS	HCA FISCAL MANAGER IV
5010	939	<input checked="" type="checkbox"/>	3		5	5	3	HCA-ADMIN & SUPPORT SVCS	HCA HUMAN RESOURCES MGR
5010	1023	<input checked="" type="checkbox"/>	3		5	5	3	HCA-ADMIN & SUPPORT SVCS	OFFICE SYSTEMS COORDINATOR II
5010	1487	<input checked="" type="checkbox"/>	3		5	5	3	HCA-ADMIN & SUPPORT SVCS	ACCOUNTING SPECIALIST III-NE
5010	1621	<input checked="" type="checkbox"/>	3		5	5	3	HCA-ADMIN & SUPPORT SVCS	OFFICE SYSTEM COORDINATOR IV
5010	8	<input checked="" type="checkbox"/>	3		5	5	3	HCA-ADMIN & SUPPORT SVCS	ACCOUNTANT II
5010	79	<input checked="" type="checkbox"/>	1		3	3	1	HCA-ADMIN & SUPPORT SVCS	ASSIST DIR HOSPITAL NURSING
5010	83	<input checked="" type="checkbox"/>	1		3	3	1	HCA-ADMIN & SUPPORT SVCS	ASSIST COMPLIANCE OFFICER
5010	492	<input checked="" type="checkbox"/>	3		5	5	3	HCA-ADMIN & SUPPORT SVCS	DATA ENTRY OPERATOR II
5010	536	<input checked="" type="checkbox"/>	1		3	3	1	HCA-ADMIN & SUPPORT SVCS	PER DIEM REG NURSE II
5010	887	<input checked="" type="checkbox"/>	3		5	5	3	HCA-ADMIN & SUPPORT SVCS	MANAGER-FISCAL/ADMIN SERVICES I
5010	1710	<input checked="" type="checkbox"/>	3		5	5	3	HCA-ADMIN & SUPPORT SVCS	STAFF/SERVICES MANAGER II
5090	31	<input checked="" type="checkbox"/>	3		3	3	3	HCA-EMERGENCY MEDICAL SRV	ADMIN ASSISTANT II
5090	491	<input checked="" type="checkbox"/>	3		3	3	3	HCA-EMERGENCY MEDICAL SRV	DATA ENTRY OPERATOR I
5090	492	<input checked="" type="checkbox"/>	3		3	3	3	HCA-EMERGENCY MEDICAL SRV	DATA ENTRY OPERATOR II
5090	1023	<input checked="" type="checkbox"/>	3		3	3	3	HCA-EMERGENCY MEDICAL SRV	OFFICE SYSTEMS COORDINATOR II
5090	1332	<input checked="" type="checkbox"/>	3		3	3	3	HCA-EMERGENCY MEDICAL SRV	MANAGEMENT ASSISTANT II
5090	1541	<input type="checkbox"/>	1		3	3	1	HCA-EMERGENCY MEDICAL SRV	SUPERVISOR PUBLIC HEALTH SERVICES
5090	1822	<input type="checkbox"/>	3		3	3	3	HCA-EMERGENCY MEDICAL SRV	STUDENT WORKER II
5090	23	<input checked="" type="checkbox"/>	1		3	3	1	HCA-EMERGENCY MEDICAL SRV	EMS ADMINISTRATOR
5090	622	<input checked="" type="checkbox"/>	2,4		3	3	2	HCA-EMERGENCY MEDICAL SRV	PROGRAM ADMINISTRATOR I
5090	1823	<input checked="" type="checkbox"/>	3		3	3	3	HCA-EMERGENCY MEDICAL SRV	STUDENT AIDE
5100	30	<input type="checkbox"/>	3		4	4	3	HCA-PUBLIC HEALTH	ADMIN ASSISTANT I
5100	31	<input type="checkbox"/>	3		4	4	3	HCA-PUBLIC HEALTH	ADMIN ASSISTANT II

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
5100	82	<input checked="" type="checkbox"/>	1		3	3	1	HCA-PUBLIC HEALTH	DIRECTOR PUBLIC HEALTH NURSING
5100	96	<input checked="" type="checkbox"/>	1		2	2	1	HCA-PUBLIC HEALTH	NURSE PRACTITIONER II
5100	146	<input checked="" type="checkbox"/>	1		2	2	1	HCA-PUBLIC HEALTH	LICENSED VOCATIONAL NURSE III
5100	377	<input type="checkbox"/>	3		2	2	2	HCA-PUBLIC HEALTH	PUBLIC WORKS MAINT WORKER II
5100	406	<input checked="" type="checkbox"/>	3		2	2	2	HCA-PUBLIC HEALTH	COMMUNITY SERVICES COORDINATOR
5100	491	<input type="checkbox"/>	3		4	4	3	HCA-PUBLIC HEALTH	DATA ENTRY OPERATOR I
5100	566	<input checked="" type="checkbox"/>	1		3	3	1	HCA-PUBLIC HEALTH	TECHNICAL SPECIALIST III-PH
5100	599	<input type="checkbox"/>	2	1	2	2	2	HCA-PUBLIC HEALTH	MAINT WORKER III
5100	623	<input checked="" type="checkbox"/>	3		3	3	3	HCA-PUBLIC HEALTH	PROGRAM ADMINISTRATOR II
5100	748	<input checked="" type="checkbox"/>	3		3	3	3	HCA-PUBLIC HEALTH	PROGRAM ADMINISTRATOR III
5100	855	<input checked="" type="checkbox"/>	2	1,2,4	3	3	2	HCA-PUBLIC HEALTH	HEALTH CARE AGY TRNG/EDUC ASST
5100	857	<input checked="" type="checkbox"/>	2	1,2,4	3	3	2	HCA-PUBLIC HEALTH	HEALTH EDUCATION ASST I
5100	859	<input checked="" type="checkbox"/>	2	1,2,4	3	3	2	HCA-PUBLIC HEALTH	HEALTH EDUCATOR
5100	863	<input checked="" type="checkbox"/>	1		2	2	1	HCA-PUBLIC HEALTH	HEALTH TECHNICIAN III
5100	945	<input checked="" type="checkbox"/>	3		3	3	1	HCA-PUBLIC HEALTH	ENVIRONMENTAL HEALTH SPECIALIST III
5100	1003	<input type="checkbox"/>	3		4	4	3	HCA-PUBLIC HEALTH	PROGRAMMER I
5100	1156	<input checked="" type="checkbox"/>	1		2	2	1	HCA-PUBLIC HEALTH	COMMUNITY SERVICE WORKER I
5100	1157	<input checked="" type="checkbox"/>	1		2	2	1	HCA-PUBLIC HEALTH	COMMUNITY SERVICE WORKER II
5100	1158	<input checked="" type="checkbox"/>	1		2	2	1	HCA-PUBLIC HEALTH	COMMUNITY SERVICE WORKER III
5100	1173	<input checked="" type="checkbox"/>	3		2	2	2	HCA-PUBLIC HEALTH	PROGRAM ASSISTANT
5100	1244	<input checked="" type="checkbox"/>	1		2	2	1	HCA-PUBLIC HEALTH	NURSE PRACTITIONER I
5100	1248	<input type="checkbox"/>	1		2	2	1	HCA-PUBLIC HEALTH	HEALTH OFFICER
5100	1270	<input checked="" type="checkbox"/>	3		4	4	3	HCA-PUBLIC HEALTH	CLERICAL SUPERVISOR II
5100	1286	<input type="checkbox"/>	2	1	4	4	2	HCA-PUBLIC HEALTH	COURIER III
5100	1290	<input type="checkbox"/>	3		4	4	3	HCA-PUBLIC HEALTH	FISCAL ASSISTANT I
5100	1305	<input type="checkbox"/>	3		4	4	3	HCA-PUBLIC HEALTH	INFORMATION PROCESSING OPR II
5100	1306	<input checked="" type="checkbox"/>	3		4	4	3	HCA-PUBLIC HEALTH	INFORMATION PROCESSING OPR III
5100	1329	<input checked="" type="checkbox"/>	2	1	3	3	2	HCA-PUBLIC HEALTH	MEDICAL OFFICE ASSISTANT II
5100	1330	<input checked="" type="checkbox"/>	2	1	3	3	2	HCA-PUBLIC HEALTH	MEDICAL OFFICE ASSISTANT III
5100	1332	<input checked="" type="checkbox"/>	3		4	4	3	HCA-PUBLIC HEALTH	MANAGEMENT ASSISTANT II
5100	1333	<input type="checkbox"/>	3		4	4	3	HCA-PUBLIC HEALTH	MANAGEMENT ASSISTANT III
5100	1339	<input type="checkbox"/>	3		4	4	3	HCA-PUBLIC HEALTH	OFFICE ASSISTANT I
5100	1344	<input checked="" type="checkbox"/>	3		4	4	3	HCA-PUBLIC HEALTH	OFFICE ASSISTANT II
5100	1345	<input checked="" type="checkbox"/>	3		4	4	3	HCA-PUBLIC HEALTH	OFFICE ASSISTANT III
5100	1395	<input checked="" type="checkbox"/>	1		2	2	1	HCA-PUBLIC HEALTH	LABORATORY TECHNOLOGIST III

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
5100	1398	<input checked="" type="checkbox"/>	2	1	2		1	HCA-PUBLIC HEALTH	MICROBIOLOGIST III
5100	1430	<input checked="" type="checkbox"/>	1		2		1	HCA-PUBLIC HEALTH	PUBLIC HEALTH LAB DIRECTOR
5100	1433	<input checked="" type="checkbox"/>	1		2		1	HCA-PUBLIC HEALTH	PUBLIC HEALTH NURSE II
5100	1434	<input checked="" type="checkbox"/>	1		2		1	HCA-PUBLIC HEALTH	PUBLIC HEALTH NURSE III
5100	1435	<input checked="" type="checkbox"/>	1		2		1	HCA-PUBLIC HEALTH	PUBLIC HEALTH NURSE I
5100	1437	<input checked="" type="checkbox"/>	1		4		1	HCA-PUBLIC HEALTH	PUBLIC HEALTH NUTRITIONIST
5100	1441	<input type="checkbox"/>	1		4		1	HCA-PUBLIC HEALTH	CLINICAL ASSISTANTS II
5100	1464	<input type="checkbox"/>	1		4		1	HCA-PUBLIC HEALTH	SUPP STAFF PROG ASSOC-NURSING
5100	1521	<input checked="" type="checkbox"/>	1		2		1	HCA-PUBLIC HEALTH	HEALTH CARE AGY HOUSEKEEPER I
5100	1541	<input checked="" type="checkbox"/>	1		2		1	HCA-PUBLIC HEALTH	SUPERVISOR PUBLIC HEALTH SERVICES
5100	1557	<input checked="" type="checkbox"/>	3		4		3	HCA-PUBLIC HEALTH	DIRECTOR PUBLIC HEALTH
5100	1629	<input checked="" type="checkbox"/>	2	1,2,4	2		2	HCA-PUBLIC HEALTH	SENIOR HEALTH EDUCATOR
5100	1696	<input checked="" type="checkbox"/>	1		2		1	HCA-PUBLIC HEALTH	SENIOR REGISTERED NURSE
5100	1716	<input type="checkbox"/>	1		2		1	HCA-PUBLIC HEALTH	PER DIEM NURSE I
5100	1717	<input type="checkbox"/>	1		2		1	HCA-PUBLIC HEALTH	PER DIEM NURSE II
5100	1788	<input type="checkbox"/>	2	2,3,4	2		2	HCA-PUBLIC HEALTH	SOCIAL WORKER IV
5100	1789	<input type="checkbox"/>	2	2,3,4	2		2	HCA-PUBLIC HEALTH	SOCIAL WORKER III
5100	1790	<input checked="" type="checkbox"/>	2	2,3,4	2		2	HCA-PUBLIC HEALTH	SOCIAL WORKER II
5100	1791	<input type="checkbox"/>	2	2,3,4	2		2	HCA-PUBLIC HEALTH	SOCIAL WORKER I
5100	1822	<input type="checkbox"/>	3		3		3	HCA-PUBLIC HEALTH	STUDENT WORKER II
5100	1823	<input checked="" type="checkbox"/>	3		3		3	HCA-PUBLIC HEALTH	STUDENT AIDE
5100	1902	<input checked="" type="checkbox"/>	1		2		1	HCA-PUBLIC HEALTH	SUPERVISING PUBLIC HLTH NURSE
5100	168	<input checked="" type="checkbox"/>	2	1,2,4	3		2	HCA-PUBLIC HEALTH	PUBLIC HEALTH SOCIAL WORKER II
5100	169	<input checked="" type="checkbox"/>	2	1,2,4	3		2	HCA-PUBLIC HEALTH	PUBLIC HEALTH SOCIAL WORKER III
5100	170	<input checked="" type="checkbox"/>	2	1,2,4	3		2	HCA-PUBLIC HEALTH	PUBLIC HEALTH SOCIAL WORKER IV
5100	535	<input checked="" type="checkbox"/>	1		2		1	HCA-PUBLIC HEALTH	PER DIEM REG NURSE
5100	536	<input checked="" type="checkbox"/>	1		2		1	HCA-PUBLIC HEALTH	PER DIEM REG NURSE II
5100	537	<input checked="" type="checkbox"/>	1		2		1	HCA-PUBLIC HEALTH	PER DIEM REG NURSE III
5100	539	<input checked="" type="checkbox"/>	1		2		1	HCA-PUBLIC HEALTH	PER DIEM PUB HLT NURSE II
5100	542	<input checked="" type="checkbox"/>	1		2		1	HCA-PUBLIC HEALTH	PER DIEM PUB HLT NURSE III
5100	569	<input checked="" type="checkbox"/>	1		3		1	HCA-PUBLIC HEALTH	TECHNICAL SPECIALIST IV-PH
5100	600	<input checked="" type="checkbox"/>	2	1	2		2	HCA-PUBLIC HEALTH	MAINT WORKER II
5100	622	<input checked="" type="checkbox"/>	3		3		3	HCA-PUBLIC HEALTH	PROGRAM ADMINISTRATOR I
5100	1623	<input checked="" type="checkbox"/>	1		2		1	HCA-PUBLIC HEALTH	PUB HEALTH NURSE COORDINATOR
5100	1719	<input checked="" type="checkbox"/>	2	2,3,4	2		2	HCA-PUBLIC HEALTH	COMMUNITY HEALTH WORKER

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
5100	858	<input checked="" type="checkbox"/>	2	1,2,4	3	3	2	HCA-PUBLIC HEALTH	HEALTH EDUCATION ASST II
5100	1013	<input checked="" type="checkbox"/>	2	1	3	3	2	HCA-PUBLIC HEALTH	TRANSPORTATION OPERATOR
5100	1269	<input checked="" type="checkbox"/>	3	3	4	4	3	HCA-PUBLIC HEALTH	CLERICAL SUPERVISOR I
5100	1396	<input checked="" type="checkbox"/>	1	1	2	2	1	HCA-PUBLIC HEALTH	HOSPITAL NURSE SPEC II
5100	1475	<input checked="" type="checkbox"/>	1	1	2	2	1	HCA-PUBLIC HEALTH	REGISTERED NURSE
5100	1486	<input checked="" type="checkbox"/>	2	3,4	4	4	3	HCA-PUBLIC HEALTH	RESEARCH PSYCHOLOGIST
5100	1615	<input checked="" type="checkbox"/>	3	3	4	4	3	HCA-PUBLIC HEALTH	ADMIN ASST IV
5100	1622	<input checked="" type="checkbox"/>	1	1	2	2	1	HCA-PUBLIC HEALTH	PUB HEALTH NURSE RESOURCE SPEC
5110	622	<input checked="" type="checkbox"/>	3	3	3	3	3	HCA-WOMEN/INFANT/CHILDREN	PROGRAM ADMINISTRATOR I
5110	623	<input checked="" type="checkbox"/>	3	3	3	3	3	HCA-WOMEN/INFANT/CHILDREN	PROGRAM ADMINISTRATOR II
5110	748	<input checked="" type="checkbox"/>	3	3	3	3	3	HCA-WOMEN/INFANT/CHILDREN	PROGRAM ADMINISTRATOR III
5110	858	<input checked="" type="checkbox"/>	2	1,2,4	3	3	2	HCA-WOMEN/INFANT/CHILDREN	HEALTH EDUCATION ASST II
5110	1156	<input checked="" type="checkbox"/>	2	1,2,4	3	3	2	HCA-WOMEN/INFANT/CHILDREN	COMMUNITY SERVICE WORKER I
5110	1157	<input checked="" type="checkbox"/>	2	1,2,4	3	3	2	HCA-WOMEN/INFANT/CHILDREN	COMMUNITY SERVICE WORKER II
5110	1158	<input checked="" type="checkbox"/>	2	1,2,4	3	3	2	HCA-WOMEN/INFANT/CHILDREN	COMMUNITY SERVICE WORKER III
5110	1437	<input checked="" type="checkbox"/>	3	3	3	3	3	HCA-WOMEN/INFANT/CHILDREN	PUBLIC HEALTH NUTRITIONIST
5110	1541	<input checked="" type="checkbox"/>	2	1,2,4	3	3	2	HCA-WOMEN/INFANT/CHILDREN	SUPERVISOR PUBLIC HEALTH SERVICES
5110	1597	<input checked="" type="checkbox"/>	3	3	3	3	3	HCA-WOMEN/INFANT/CHILDREN	SENIOR DIETITIAN
5110	1945	<input checked="" type="checkbox"/>	3	3	3	3	3	HCA-WOMEN/INFANT/CHILDREN	THERAPEUTIC DIETITIAN
5110	1822	<input checked="" type="checkbox"/>	3	3	3	3	3	HCA-WOMEN/INFANT/CHILDREN	STUDENT WORKER II
5110	1823	<input checked="" type="checkbox"/>	3	3	3	3	3	HCA-WOMEN/INFANT/CHILDREN	STUDENT AIDE
5120	88	<input checked="" type="checkbox"/>	1	1	3	3	1	HCA-CHILDRENS MEDICAL SERVICES	SENIOR PHYSICAL THERAPIST
5120	622	<input checked="" type="checkbox"/>	3	3	3	3	3	HCA-CHILDRENS MEDICAL SERVICES	PROGRAM ADMINISTRATOR I
5120	824	<input checked="" type="checkbox"/>	1	1	3	3	1	HCA-CHILDRENS MEDICAL SERVICES	PHYSICAL THERAPY AIDE
5120	825	<input checked="" type="checkbox"/>	1	1	3	3	1	HCA-CHILDRENS MEDICAL SERVICES	LICENSED PHYSICAL THERAPY ASST
5120	859	<input type="checkbox"/>	2	1,2,4	3	3	2	HCA-CHILDRENS MEDICAL SERVICES	HEALTH EDUCATOR
5120	955	<input checked="" type="checkbox"/>	1	1	3	3	1	HCA-CHILDRENS MEDICAL SERVICES	MANAGER-THERAPY SERVICES
5120	1245	<input checked="" type="checkbox"/>	1	1	3	3	1	HCA-CHILDRENS MEDICAL SERVICES	OCCUPATIONAL THERAPIST
5120	1249	<input checked="" type="checkbox"/>	1	1	3	3	1	HCA-CHILDRENS MEDICAL SERVICES	SUPERVISING THERAPIST I
5120	1251	<input checked="" type="checkbox"/>	1	1	3	3	1	HCA-CHILDRENS MEDICAL SERVICES	SUPERVISING THERAPIST II
5120	1329	<input checked="" type="checkbox"/>	2	1	3	3	2	HCA-CHILDRENS MEDICAL SERVICES	MEDICAL OFFICE ASSISTANT II
5120	1330	<input checked="" type="checkbox"/>	2	1	3	3	2	HCA-CHILDRENS MEDICAL SERVICES	MEDICAL OFFICE ASSISTANT III
5120	1344	<input checked="" type="checkbox"/>	3	3	3	3	3	HCA-CHILDRENS MEDICAL SERVICES	OFFICE ASSISTANT II
5120	1345	<input checked="" type="checkbox"/>	3	3	3	3	3	HCA-CHILDRENS MEDICAL SERVICES	OFFICE ASSISTANT III
5120	1433	<input checked="" type="checkbox"/>	1	1	3	3	1	HCA-CHILDRENS MEDICAL SERVICES	PUBLIC HEALTH NURSE II

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
5120	1434	<input checked="" type="checkbox"/>	1		3	3	1	HCA-CHILDRENS MEDICAL SERVICES	PUBLIC HEALTH NURSE III
5120	1437	<input checked="" type="checkbox"/>	3		3	3	3	HCA-CHILDRENS MEDICAL SERVICES	PUBLIC HEALTH NUTRITIONIST
5120	1468	<input checked="" type="checkbox"/>	1		3	3	1	HCA-CHILDRENS MEDICAL SERVICES	SUPP STAFF PROG ASSOC-REHAB
5120	1671	<input checked="" type="checkbox"/>	1		3	3	1	HCA-CHILDRENS MEDICAL SERVICES	SENIOR OCCUPATIONAL THERAPIST
5120	1696	<input checked="" type="checkbox"/>	1		3	3	1	HCA-CHILDRENS MEDICAL SERVICES	SENIOR REGISTERED NURSE
5120	1788	<input type="checkbox"/>	2	1,2,3,4	3	3	2	HCA-CHILDRENS MEDICAL SERVICES	SOCIAL WORKER IV
5120	1790	<input type="checkbox"/>	2	1,2,3,4	3	3	2	HCA-CHILDRENS MEDICAL SERVICES	SOCIAL WORKER II
5120	1823	<input checked="" type="checkbox"/>	3		3	3	3	HCA-CHILDRENS MEDICAL SERVICES	STUDENT AIDE
5120	5275	<input type="checkbox"/>	1		3	3	1	HCA-CHILDRENS MEDICAL SERVICES	SUPERVISOR PUBLIC HEALTH SVCS-TC
5120	1339	<input checked="" type="checkbox"/>	3		3	3	3	HCA-CHILDRENS MEDICAL SERVICES	OFFICE ASSISTANT I
5120	1541	<input checked="" type="checkbox"/>	1		3	3	1	HCA-CHILDRENS MEDICAL SERVICES	SUPERVISOR PUBLIC HEALTH SERVICES
5120	1821	<input checked="" type="checkbox"/>	3		3	3	3	HCA-CHILDRENS MEDICAL SERVICES	STUDENT WORKER I
5120	1822	<input checked="" type="checkbox"/>	3		3	3	3	HCA-CHILDRENS MEDICAL SERVICES	STUDENT WORKER II
5130	9	<input type="checkbox"/>	3		4	4	3	HCA-BEHAVIORAL HEALTH	ACCOUNTANT III
5130	20	<input checked="" type="checkbox"/>	3		4	4	3	HCA-BEHAVIORAL HEALTH	ADMIN AIDE
5130	30	<input checked="" type="checkbox"/>	3		4	4	3	HCA-BEHAVIORAL HEALTH	ADMIN ASSISTANT I
5130	34	<input type="checkbox"/>	3		4	4	3	HCA-BEHAVIORAL HEALTH	ADMIN OFFICER I
5130	96	<input type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	NURSE PRACTITIONER II
5130	329	<input type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	PHYSICIANS ASSISTANT
5130	349	<input type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	CHIEF-PSYCHOLOGIST
5130	406	<input checked="" type="checkbox"/>	2	1,3,4	3	3	2	HCA-BEHAVIORAL HEALTH	COMMUNITY SERVICES COORDINATOR
5130	563	<input checked="" type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	TECHNICAL SPECIALIST II-PH
5130	569	<input type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	TECHNICAL SPECIALIST IV-PH
5130	623	<input checked="" type="checkbox"/>	3		3	3	3	HCA-BEHAVIORAL HEALTH	PROGRAM ADMINISTRATOR II
5130	861	<input type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	HEALTH TECHNICIAN I
5130	862	<input type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	HEALTH TECHNICIAN II
5130	863	<input type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	HEALTH TECHNICIAN III
5130	1016	<input type="checkbox"/>	3		3	3	2	HCA-BEHAVIORAL HEALTH	HOSPITAL MAINTENANCE ENGINEER
5130	1024	<input type="checkbox"/>	3		3	3	3	HCA-BEHAVIORAL HEALTH	OFFICE SYSTEMS COORDINATOR III
5130	1147	<input checked="" type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	CHIEF-MENTAL HEALTH SERVICES
5130	1148	<input checked="" type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	SUPERVISOR-MENTAL HEALTH SVCS
5130	1156	<input checked="" type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	COMMUNITY SERVICE WORKER I
5130	1157	<input checked="" type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	COMMUNITY SERVICE WORKER II
5130	1158	<input checked="" type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	COMMUNITY SERVICE WORKER III
5130	1163	<input checked="" type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	PSYCH SOCIAL WORKER IV

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
5130	1214	<input checked="" type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	MENTAL HEALTH ASSOCIATE
5130	1221	<input type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	MENTAL HEALTH NURSE I
5130	1222	<input checked="" type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	MENTAL HEALTH NURSE II
5130	1223	<input checked="" type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	MENTAL HEALTH NURSE III
5130	1246	<input type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	PSYCHIATRIC TECHNICIAN
5130	1247	<input checked="" type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	SENIOR PSYCHIATRIC TECHNICIAN
5130	1259	<input checked="" type="checkbox"/>	2	1,2,4	3	3	2	HCA-BEHAVIORAL HEALTH	EMP & TRAINING SPCLST I
5130	1271	<input type="checkbox"/>	3		4	4	3	HCA-BEHAVIORAL HEALTH	CLERICAL SUPERVISOR III
5130	1293	<input type="checkbox"/>	3		4	4	3	HCA-BEHAVIORAL HEALTH	FISCAL ASSISTANT IV
5130	1330	<input type="checkbox"/>	3		3	3	3	HCA-BEHAVIORAL HEALTH	MEDICAL OFFICE ASSISTANT III
5130	1331	<input type="checkbox"/>	3		4	4	3	HCA-BEHAVIORAL HEALTH	MANAGEMENT ASSISTANT I
5130	1332	<input checked="" type="checkbox"/>	3		4	4	3	HCA-BEHAVIORAL HEALTH	MANAGEMENT ASSISTANT II
5130	1333	<input checked="" type="checkbox"/>	3		4	4	3	HCA-BEHAVIORAL HEALTH	MANAGEMENT ASSISTANT III
5130	1339	<input type="checkbox"/>	3		4	4	3	HCA-BEHAVIORAL HEALTH	OFFICE ASSISTANT I
5130	1344	<input checked="" type="checkbox"/>	3		4	4	3	HCA-BEHAVIORAL HEALTH	OFFICE ASSISTANT II
5130	1345	<input checked="" type="checkbox"/>	3		4	4	3	HCA-BEHAVIORAL HEALTH	OFFICE ASSISTANT III
5130	1347	<input checked="" type="checkbox"/>	3		4	4	3	HCA-BEHAVIORAL HEALTH	OFFICE ASSISTANT IV
5130	1363	<input checked="" type="checkbox"/>	3		4	4	3	HCA-BEHAVIORAL HEALTH	RECORDS TECHNICIAN IV
5130	1420	<input checked="" type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	PSYCH SOCIAL WORKER I
5130	1421	<input checked="" type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	PSYCH SOCIAL WORKER II
5130	1422	<input type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	PSYCHOLOGY ASSOCIATE
5130	1423	<input checked="" type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	PSYCH SOCIAL WORKER III
5130	1452	<input checked="" type="checkbox"/>	3		3	3	3	HCA-BEHAVIORAL HEALTH	PHARMACIST II
5130	1464	<input type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	SUPP STAFF PROG ASSOC-NURSING
5130	1468	<input type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	SUPP STAFF PROG ASSOC-REHAB
5130	1474	<input checked="" type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	ALCOHOL/DRUG TREATMENT SPEC II
5130	1475	<input type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	REGISTERED NURSE
5130	1486	<input checked="" type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	RESEARCH PSYCHOLOGIST
5130	1494	<input checked="" type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	PSYCHIATRIST I
5130	1495	<input checked="" type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	PSYCHIATRIST II
5130	1498	<input checked="" type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	PSYCHIATRIST III
5130	1521	<input checked="" type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	HEALTH CARE AGY HOUSEKEEPER I
5130	1540	<input type="checkbox"/>	1		3	3	1	HCA-BEHAVIORAL HEALTH	SUPERVISOR-MENTAL HEALTH SVCS-INPT
5130	1587	<input checked="" type="checkbox"/>	2	3	3	3	2	HCA-BEHAVIORAL HEALTH	PATIENT RIGHTS ADVOCATE II
5130	1588	<input checked="" type="checkbox"/>	2	3	3	3	2	HCA-BEHAVIORAL HEALTH	SENIOR PATIENT RIGHTS ADVOCATE

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
5130	1590	<input type="checkbox"/>	1		3		1	HCA-BEHAVIORAL HEALTH	NURSING SUPERVISOR - MNTL HLTH INP
5130	1591	<input checked="" type="checkbox"/>	1		3		1	HCA-BEHAVIORAL HEALTH	MENTAL HEALTH MFC COUNSELOR I
5130	1593	<input checked="" type="checkbox"/>	1		3		1	HCA-BEHAVIORAL HEALTH	MENTAL HEALTH MFC COUNSELOR II
5130	1594	<input checked="" type="checkbox"/>	1		3		1	HCA-BEHAVIORAL HEALTH	MENTAL HEALTH MFC COUNSELOR III
5130	1596	<input checked="" type="checkbox"/>	1		3		1	HCA-BEHAVIORAL HEALTH	MENTAL HEALTH MFC COUNSELOR IV
5130	1598	<input type="checkbox"/>	1		3		1	HCA-BEHAVIORAL HEALTH	MENTAL HEALTH NURSE III-ACUTE CARE
5130	1626	<input checked="" type="checkbox"/>	1		3		1	HCA-BEHAVIORAL HEALTH	SUPERVISOR MENTAL HEALTH CRISIS TM
5130	1645	<input type="checkbox"/>	3		4		3	HCA-BEHAVIORAL HEALTH	DIRECTOR BEHAVIORAL HEALTH
5130	1646	<input type="checkbox"/>	3		4		3	HCA-BEHAVIORAL HEALTH	DEPUTY DIRECTOR I BEHAV HEALTH
5130	1647	<input type="checkbox"/>	3		4		3	HCA-BEHAVIORAL HEALTH	DEPUTY DIRECTOR II BEHAV HEALTH
5130	1671	<input checked="" type="checkbox"/>	1		3		1	HCA-BEHAVIORAL HEALTH	SENIOR OCCUPATIONAL THERAPIST
5130	1692	<input checked="" type="checkbox"/>	1		3		1	HCA-BEHAVIORAL HEALTH	SENIOR PSYCHOLOGIST
5130	1697	<input checked="" type="checkbox"/>	1		3		1	HCA-BEHAVIORAL HEALTH	SENIOR REHAB THERAPIST
5130	1709	<input type="checkbox"/>	3		3		3	HCA-BEHAVIORAL HEALTH	STAFF/SERVICES MANAGER I
5130	1711	<input checked="" type="checkbox"/>	3		3		3	HCA-BEHAVIORAL HEALTH	STAFF/SERVICES MANAGER III
5130	1715	<input type="checkbox"/>	2,3,4		3		2	HCA-BEHAVIORAL HEALTH	MANAGER-YOUTH & FAMILY
5130	1802	<input checked="" type="checkbox"/>	1		3		1	HCA-BEHAVIORAL HEALTH	STAFF PSYCHOLOGIST
5130	1821	<input type="checkbox"/>	3		3		3	HCA-BEHAVIORAL HEALTH	STUDENT WORKER I
5130	1822	<input checked="" type="checkbox"/>	3		3		3	HCA-BEHAVIORAL HEALTH	STUDENT WORKER II
5130	1823	<input checked="" type="checkbox"/>	3		3		3	HCA-BEHAVIORAL HEALTH	STUDENT AIDE
5130	536	<input checked="" type="checkbox"/>	1		3		1	HCA-BEHAVIORAL HEALTH	PER DIEM REG NURSE II
5130	541	<input checked="" type="checkbox"/>	1		3		1	HCA-BEHAVIORAL HEALTH	PER DIEM SR PSYCH TECH
5130	1329	<input checked="" type="checkbox"/>	3		3		3	HCA-BEHAVIORAL HEALTH	MEDICAL OFFICE ASSISTANT II
5130	1649	<input checked="" type="checkbox"/>	1		3		1	HCA-BEHAVIORAL HEALTH	CHIEF-HOSPITAL OPERATIONS
5130	2019	<input checked="" type="checkbox"/>	3		3		3	HCA-BEHAVIORAL HEALTH	MEDICAL DIRECTOR-BEHAVIORAL HEALTH
5130	2020	<input checked="" type="checkbox"/>	3		3		3	HCA-BEHAVIORAL HEALTH	CHIEF OPERATIONS OFFICER-BEH HEALTH
5130	5232	<input checked="" type="checkbox"/>	1		3		1	HCA-BEHAVIORAL HEALTH	SUPERVISOR MENTAL HEALTH SVCS-NE
5140	1174	<input checked="" type="checkbox"/>	3		4		3	HCA-BH SUBST ABUSE/CRIME PREVENTIO	SENIOR PROGRAM ADMINISTRATOR
5140	1332	<input checked="" type="checkbox"/>	3		4		3	HCA-BH SUBST ABUSE/CRIME PREVENTIO	MANAGEMENT ASSISTANT II
5140	1345	<input checked="" type="checkbox"/>	3		4		3	HCA-BH SUBST ABUSE/CRIME PREVENTIO	OFFICE ASSISTANT III
5150	406	<input checked="" type="checkbox"/>	1		4		1	HCA-BH-ALCOHOL/DRUG	COMMUNITY SERVICES COORDINATOR
5150	468	<input type="checkbox"/>	3		4		3	HCA-BH-ALCOHOL/DRUG	SENIOR GRAPHIC ARTIST
5150	748	<input checked="" type="checkbox"/>	3		4		3	HCA-BH-ALCOHOL/DRUG	PROGRAM ADMINISTRATOR III
5150	1024	<input type="checkbox"/>	3		4		3	HCA-BH-ALCOHOL/DRUG	OFFICE SYSTEMS COORDINATOR III
5150	1158	<input checked="" type="checkbox"/>	1		4		1	HCA-BH-ALCOHOL/DRUG	COMMUNITY SERVICE WORKER III

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
5150	1163	<input checked="" type="checkbox"/>	1		4	4	1	HCA-BH-ALCOHOL/DRUG	PSYCH SOCIAL WORKER IV
5150	1173	<input type="checkbox"/>	3		4	4	3	HCA-BH-ALCOHOL/DRUG	PROGRAM ASSISTANT
5150	1174	<input checked="" type="checkbox"/>	3		4	4	3	HCA-BH-ALCOHOL/DRUG	SENIOR PROGRAM ADMINISTRATOR
5150	1304	<input type="checkbox"/>	3		4	4	3	HCA-BH-ALCOHOL/DRUG	INFORMATION PROCESSING OPR I
5150	1331	<input checked="" type="checkbox"/>	3		4	4	3	HCA-BH-ALCOHOL/DRUG	MANAGEMENT ASSISTANT I
5150	1332	<input checked="" type="checkbox"/>	3		4	4	3	HCA-BH-ALCOHOL/DRUG	MANAGEMENT ASSISTANT II
5150	1333	<input type="checkbox"/>	3		4	4	3	HCA-BH-ALCOHOL/DRUG	MANAGEMENT ASSISTANT III
5150	1339	<input type="checkbox"/>	3		4	4	3	HCA-BH-ALCOHOL/DRUG	OFFICE ASSISTANT I
5150	1344	<input checked="" type="checkbox"/>	3		4	4	3	HCA-BH-ALCOHOL/DRUG	OFFICE ASSISTANT II
5150	1345	<input checked="" type="checkbox"/>	3		4	4	3	HCA-BH-ALCOHOL/DRUG	OFFICE ASSISTANT III
5150	1421	<input checked="" type="checkbox"/>	1		4	4	1	HCA-BH-ALCOHOL/DRUG	PSYCH SOCIAL WORKER II
5150	1423	<input checked="" type="checkbox"/>	1		4	4	1	HCA-BH-ALCOHOL/DRUG	PSYCH SOCIAL WORKER III
5150	1471	<input type="checkbox"/>	1		4	4	1	HCA-BH-ALCOHOL/DRUG	ALCOHOL/DRUG PREV/INTERV SPC II
5150	1474	<input checked="" type="checkbox"/>	1		4	4	1	HCA-BH-ALCOHOL/DRUG	ALCOHOL/DRUG TREATMENT SPEC II
5150	1476	<input checked="" type="checkbox"/>	1		4	4	1	HCA-BH-ALCOHOL/DRUG	ALCOHOL/DRUG TREATMENT SPEC III
5150	1478	<input type="checkbox"/>	1		4	4	1	HCA-BH-ALCOHOL/DRUG	SUPERVISOR-ALCOHOL/DRUG PROGRAMS
5150	1548	<input type="checkbox"/>	1		4	4	1	HCA-BH-ALCOHOL/DRUG	SENIOR ACCOUNTANT
5150	1646	<input checked="" type="checkbox"/>	3		4	4	3	HCA-BH-ALCOHOL/DRUG	DEPUTY DIRECTOR I BEHAV HEALTH
5150	1664	<input checked="" type="checkbox"/>	1		4	4	1	HCA-BH-ALCOHOL/DRUG	SENIOR MEDICAL SOCIAL WORKER
5150	1707	<input type="checkbox"/>	1		4	4	1	HCA-BH-ALCOHOL/DRUG	STAFF/SERVICES SPECIALIST I
5150	1822	<input checked="" type="checkbox"/>	3		4	4	3	HCA-BH-ALCOHOL/DRUG	STUDENT WORKER II
5150	1823	<input checked="" type="checkbox"/>	3		4	4	3	HCA-BH-ALCOHOL/DRUG	STUDENT AIDE
5150	30	<input checked="" type="checkbox"/>	3		4	4	3	HCA-BH-ALCOHOL/DRUG	ADMIN ASSISTANT I
5150	541	<input checked="" type="checkbox"/>	1		4	4	1	HCA-BH-ALCOHOL/DRUG	PER DIEM SR PSYCH TECH
5150	623	<input checked="" type="checkbox"/>	3		4	4	3	HCA-BH-ALCOHOL/DRUG	PROGRAM ADMINISTRATOR II
5150	1347	<input checked="" type="checkbox"/>	3		4	4	3	HCA-BH-ALCOHOL/DRUG	OFFICE ASSISTANT IV
5160	1174	<input type="checkbox"/>	3		4	4	3	HCA-BH-DRINKING DRIVER PROGRAM	SENIOR PROGRAM ADMINISTRATOR
5160	1247	<input checked="" type="checkbox"/>	1		4	4	1	HCA-BH-DRINKING DRIVER PROGRAM	SENIOR PSYCHIATRIC TECHNICIAN
5160	1304	<input type="checkbox"/>	3		4	4	3	HCA-BH-DRINKING DRIVER PROGRAM	INFORMATION PROCESSING OPR I
5160	1305	<input checked="" type="checkbox"/>	3		4	4	3	HCA-BH-DRINKING DRIVER PROGRAM	INFORMATION PROCESSING OPR II
5160	1332	<input checked="" type="checkbox"/>	3		4	4	3	HCA-BH-DRINKING DRIVER PROGRAM	MANAGEMENT ASSISTANT II
5160	1339	<input type="checkbox"/>	3		4	4	3	HCA-BH-DRINKING DRIVER PROGRAM	OFFICE ASSISTANT I
5160	1344	<input checked="" type="checkbox"/>	3		4	4	3	HCA-BH-DRINKING DRIVER PROGRAM	OFFICE ASSISTANT II
5160	1474	<input checked="" type="checkbox"/>	1		4	4	1	HCA-BH-DRINKING DRIVER PROGRAM	ALCOHOL/DRUG TREATMENT SPEC II
5160	1476	<input checked="" type="checkbox"/>	1		4	4	1	HCA-BH-DRINKING DRIVER PROGRAM	ALCOHOL/DRUG TREATMENT SPEC III

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
5160	1970	<input checked="" type="checkbox"/>	3		4		3	HCA-BH-DRINKING DRIVER PROGRAM	OFFICE SUPP WORKER-CW
5210	30	<input checked="" type="checkbox"/>	3		3		3	VENTURA COUNTY MEDICAL CENTER	ADMIN ASSISTANT I
5210	75	<input checked="" type="checkbox"/>	3		3		3	VENTURA COUNTY MEDICAL CENTER	HOSPITAL ADMINISTRATOR
5210	79	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	ASSIST DIR HOSPITAL NURSING
5210	88	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	SENIOR PHYSICAL THERAPIST
5210	96	<input type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	NURSE PRACTITIONER II
5210	135	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	ORTHOPEdic TECHNICIAN
5210	138	<input checked="" type="checkbox"/>	3		3		3	VENTURA COUNTY MEDICAL CENTER	SENIOR ELECTRONICS TECHNICIAN
5210	146	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	LICENSED VOCATIONAL NURSE III
5210	156	<input type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	NURSING ASSISTANT I
5210	157	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	NURSING ASSISTANT II
5210	163	<input checked="" type="checkbox"/>	3		3		3	VENTURA COUNTY MEDICAL CENTER	ASSIST FOOD SERVICES SUPV
5210	179	<input checked="" type="checkbox"/>	3		3		2	VENTURA COUNTY MEDICAL CENTER	AIR CONDITIONING/HEATING MECH
5210	311	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	HISTOLOGIST
5210	327	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	MANAGER-CUSTODIAL SERVICE
5210	355	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	CHIEF-RESIDENT PHYSICIAN
5210	372	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	SENIOR ORTHOPEDIC TECHNICIAN
5210	384	<input type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	PER DIEM NURSE
5210	401	<input type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	REGISTERED RESPIRATORY THERAP
5210	402	<input type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	RESPIRATORY THERAPIST
5210	419	<input checked="" type="checkbox"/>	3		3		3	VENTURA COUNTY MEDICAL CENTER	DIETETIC TECHNICIAN
5210	426	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	DIAGNOSTIC TECHNICIAN
5210	427	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	DIAGNOSTIC SERVICES SUPER
5210	435	<input checked="" type="checkbox"/>	3		3		3	VENTURA COUNTY MEDICAL CENTER	COOK
5210	489	<input checked="" type="checkbox"/>	3		3		3	VENTURA COUNTY MEDICAL CENTER	MANAGER-HOSPITAL FOOD SER
5210	555	<input checked="" type="checkbox"/>	3		3		3	VENTURA COUNTY MEDICAL CENTER	DIETARY AIDE
5210	566	<input type="checkbox"/>	2,1		3		2	VENTURA COUNTY MEDICAL CENTER	TECHNICAL SPECIALIST III+PH
5210	599	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	MAINT WORKER III
5210	600	<input type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	MAINT WORKER II
5210	601	<input type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	MAINT WORKER I
5210	622	<input checked="" type="checkbox"/>	3		3		2	VENTURA COUNTY MEDICAL CENTER	PROGRAM ADMINISTRATOR I
5210	623	<input checked="" type="checkbox"/>	3		3		2	VENTURA COUNTY MEDICAL CENTER	PROGRAM ADMINISTRATOR II
5210	626	<input checked="" type="checkbox"/>	2,1,5		3		2	VENTURA COUNTY MEDICAL CENTER	CERTIFIED BIOMEDICAL EQUIP TECH
5210	665	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	HOSPITAL TECHNICIAN TRAINEE
5210	666	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	HOSPITAL TECHNICIAN I

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
5210	667	<input checked="" type="checkbox"/>	3		3	3	2	VENTURA COUNTY MEDICAL CENTER	MONITOR TECHNICIAN
5210	726	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	MANAGER-IMAGING SERVICES
5210	730	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	MANAGER-REHABILITATION SERVICES
5210	744	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	FINISH CARPENTER
5210	755	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	PHARMACY TECHNICIAN I
5210	756	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	PHARMACY TECHNICIAN II
5210	757	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	CHIEF-STATIONARY ENGINEER
5210	794	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	FOOD SERVICES ASST II
5210	795	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	FOOD SERVICES ASST III
5210	799	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	FOOD SERVICES SHIFT SUPVR
5210	824	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	PHYSICAL THERAPY AIDE
5210	825	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	LICENSED PHYSICAL THERAPY ASST
5210	858	<input type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	HEALTH EDUCATION ASST II
5210	861	<input type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	HEALTH TECHNICIAN I
5210	987	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	HOSPITAL CENTRAL SERVICES SUPVR
5210	1005	<input type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	PROGRAMMER III
5210	1014	<input type="checkbox"/>	2,1,5		3	3	2	VENTURA COUNTY MEDICAL CENTER	MAINT ENGINEER
5210	1016	<input checked="" type="checkbox"/>	2,1,5		3	3	2	VENTURA COUNTY MEDICAL CENTER	HOSPITAL MAINTENANCE ENGINEER
5210	1045	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	LAUNDRY UTILITY WORKER
5210	1055	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	LAUNDRY WORKER II
5210	1087	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	LICENSED VOCATIONAL NURSE II
5210	1119	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	DIRECTOR EMPLOYEE HEALTH SVCS
5210	1145	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	MAINT PAINTER
5210	1158	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	COMMUNITY SERVICE WORKER III
5210	1190	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	MANAGER-MEDICAL RECORDS
5210	1205	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	MEDICAL SOCIAL SERV SUPVR
5210	1226	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	DIRECTOR PHARMACOLOGY EDUCATION
5210	1227	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	ASSIST CHIEF RESIDENT
5210	1230	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	POST GRADUATE-YEAR 1
5210	1231	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	POST GRADUATE-YEAR 2
5210	1232	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	POST GRADUATE-YEAR 3
5210	1235	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	MEDICAL LABORATORY TECH I
5210	1236	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	MEDICAL LABORATORY TECH II
5210	1239	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	NURSING CARE COORD II
5210	1251	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	SUPERVISING THERAPIST II

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
5210	1256	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	MANAGER-LABORATORY SERVICES
5210	1269	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	CLERICAL SUPERVISOR I
5210	1270	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	CLERICAL SUPERVISOR II
5210	1271	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	CLERICAL SUPERVISOR III
5210	1273	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	CLERICAL TRAINEE
5210	1285	<input checked="" type="checkbox"/>	2	1,5	3	3	2	VENTURA COUNTY MEDICAL CENTER	COURIER II
5210	1286	<input checked="" type="checkbox"/>	2	1,5	3	3	2	VENTURA COUNTY MEDICAL CENTER	COURIER III
5210	1291	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	FISCAL ASSISTANT II
5210	1292	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	FISCAL ASSISTANT III
5210	1293	<input type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	FISCAL ASSISTANT IV
5210	1307	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	INFORMATION PROCESSING OPR IV
5210	1312	<input type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	INVENTORY MANAGEMENT ASSISTANT I
5210	1313	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	INVENTORY MANAGEMENT ASSISTANT II
5210	1315	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	INVENTORY MANAGEMENT ASSISTANT III
5210	1328	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	MEDICAL OFFICE ASSISTANT I
5210	1329	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	MEDICAL OFFICE ASSISTANT II
5210	1330	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	MEDICAL OFFICE ASSISTANT III
5210	1332	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	MANAGEMENT ASSISTANT II
5210	1333	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	MANAGEMENT ASSISTANT III
5210	1339	<input type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	OFFICE ASSISTANT I
5210	1344	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	OFFICE ASSISTANT II
5210	1345	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	OFFICE ASSISTANT III
5210	1358	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	RECORDS TECHNICIAN I
5210	1359	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	RECORDS TECHNICIAN II
5210	1360	<input checked="" type="checkbox"/>	3		3	3	3	VENTURA COUNTY MEDICAL CENTER	RECORDS TECHNICIAN III
5210	1379	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	SUPERVISOR LAUNDRY SERVICES
5210	1394	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	HOSPITAL NURSE SPEC I
5210	1395	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	LABORATORY TECHNOLOGIST III
5210	1396	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	HOSPITAL NURSE SPEC II
5210	1400	<input type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	HOSPITAL PERDIEM NURSE
5210	1401	<input type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	OPERATING ROOM TECH I
5210	1402	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	OPERATING ROOM TECH II
5210	1403	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	OPERATING ROOM TECH III
5210	1404	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	NURSING ASSISTANT III
5210	1421	<input checked="" type="checkbox"/>	1		3	3	1	VENTURA COUNTY MEDICAL CENTER	PSYCH SOCIAL WORKER II

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
5210	1438	<input type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	CLINICAL STUDENT II
5210	1440	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	CLINICAL ASSISTANT I
5210	1441	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	CLINICAL ASSISTANTS II
5210	1450	<input checked="" type="checkbox"/>	3		3		2	VENTURA COUNTY MEDICAL CENTER	PHARMACY SUPERVISOR
5210	1451	<input type="checkbox"/>	3		3		2	VENTURA COUNTY MEDICAL CENTER	PHARMACIST I
5210	1452	<input checked="" type="checkbox"/>	3		3		2	VENTURA COUNTY MEDICAL CENTER	PHARMACIST II
5210	1453	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	RADIOLOGIC TECHNOLOGIST
5210	1454	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	RADIOLOGIC SPECIALIST
5210	1464	<input type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	SUPP STAFF PROG ASSOC-NURSING
5210	1465	<input type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	SUPP STAFF PROG ASSOC-RESPIRATORY
5210	1466	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	SUPP STAFF PROG ASSOC-RADIOL
5210	1468	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	SUPP STAFF PROG ASSOC-REHAB
5210	1469	<input type="checkbox"/>	3		3		2	VENTURA COUNTY MEDICAL CENTER	SUPP STAFF PROG ASSOC-PHARMACY
5210	1475	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	REGISTERED NURSE
5210	1482	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	CLINICAL NURSE SPECIALIST I
5210	1483	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	CLINICAL NURSE SPECIALIST II
5210	1484	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	NURSE PRACTITIONER III
5210	1486	<input type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	RESEARCH PSYCHOLOGIST
5210	1521	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	HEALTH CARE AGY HOUSEKEEPER I
5210	1524	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	HEALTH CARE AGY HOUSEKEEPER II
5210	1529	<input type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	HEALTH CARE AGY MAINT MANAGER
5210	1597	<input checked="" type="checkbox"/>	3		3		2	VENTURA COUNTY MEDICAL CENTER	SENIOR DIETITIAN
5210	1631	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	CLINICAL COORDINATOR
5210	1632	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	CLINICAL NURSE SPEC-NEONATAL
5210	1634	<input checked="" type="checkbox"/>	3		3		3	VENTURA COUNTY MEDICAL CENTER	MANAGER-OPERATIONS
5210	1635	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	MANAGER-PATIENT SERVICES
5210	1643	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	AMBULATORY CARE ADMINISTRATOR
5210	1648	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	LABORATORY TECHNOLOGIST II
5210	1649	<input checked="" type="checkbox"/>	3		3		3	VENTURA COUNTY MEDICAL CENTER	CHIEF-HOSPITAL OPERATIONS
5210	1661	<input checked="" type="checkbox"/>	3		3		2	VENTURA COUNTY MEDICAL CENTER	SENIOR MAINT ELECTRICIAN
5210	1696	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	SENIOR REGISTERED NURSE
5210	1702	<input checked="" type="checkbox"/>	3		3		3	VENTURA COUNTY MEDICAL CENTER	SENIOR SEAMSTRESS
5210	1707	<input type="checkbox"/>	3		3		3	VENTURA COUNTY MEDICAL CENTER	STAFF/SERVICES SPECIALIST I
5210	1708	<input type="checkbox"/>	3		3		3	VENTURA COUNTY MEDICAL CENTER	STAFF/SERVICES SPECIALIST II
5210	1716	<input type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	PER DIEM NURSE I

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
5210	1717	<input type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	PER DIEM NURSE II
5210	1748	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	CLINICAL COORD-SURGICAL SERV.
5210	1789	<input type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	SOCIAL WORKER III
5210	1805	<input checked="" type="checkbox"/>	3		3		3	VENTURA COUNTY MEDICAL CENTER	STATIONARY ENGINEER
5210	1822	<input checked="" type="checkbox"/>	3		3		3	VENTURA COUNTY MEDICAL CENTER	STUDENT WORKER II
5210	1823	<input checked="" type="checkbox"/>	3		3		3	VENTURA COUNTY MEDICAL CENTER	STUDENT AIDE
5210	1882	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	PRINCIPAL RESPIRATORY THERAPIST
5210	1945	<input type="checkbox"/>	3		3		2	VENTURA COUNTY MEDICAL CENTER	THERAPEUTIC DIETITIAN
5210	2	<input checked="" type="checkbox"/>	3		3		3	VENTURA COUNTY MEDICAL CENTER	COUNTY WORKER - EXTRA HELP
5210	31	<input checked="" type="checkbox"/>	3		3		3	VENTURA COUNTY MEDICAL CENTER	ADMIN ASSISTANT II
5210	103	<input checked="" type="checkbox"/>	3		3		3	VENTURA COUNTY MEDICAL CENTER	CODER-CERTIFIED
5210	171	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	PER DIEM LIC VOC NURSE
5210	329	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	PHYSICIANS ASSISTANT
5210	406	<input checked="" type="checkbox"/>	2,1,2,3		3		2	VENTURA COUNTY MEDICAL CENTER	COMMUNITY SERVICES COORDINATOR
5210	534	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	PER DIEM NON-REG NURSE
5210	535	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	PER DIEM REG NURSE
5210	536	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	PER DIEM REG NURSE II
5210	541	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	PER DIEM SR PSYCH TECH
5210	569	<input checked="" type="checkbox"/>	2,1		3		2	VENTURA COUNTY MEDICAL CENTER	TECHNICAL SPECIALIST IV-PH
5210	771	<input checked="" type="checkbox"/>	3		3		3	VENTURA COUNTY MEDICAL CENTER	MANAGER-FACILITIES MAINTENANCE
5210	862	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	HEALTH TECHNICIAN II
5210	863	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	HEALTH TECHNICIAN III
5210	1054	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	LAUNDRY WORKER I
5210	1148	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	SUPERVISOR-MENTAL HEALTH SVCS
5210	1151	<input checked="" type="checkbox"/>	2,1,5		3		2	VENTURA COUNTY MEDICAL CENTER	MAINT PLUMBER
5210	1163	<input checked="" type="checkbox"/>	2,1,2,3		3		2	VENTURA COUNTY MEDICAL CENTER	PSYCH SOCIAL WORKER IV
5210	1222	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	MENTAL HEALTH NURSE II
5210	1223	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	MENTAL HEALTH NURSE III
5210	1247	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	SENIOR PSYCHIATRIC TECHNICIAN
5210	1423	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	PSYCH SOCIAL WORKER III
5210	1494	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	PSYCHIATRIST I
5210	1495	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	PSYCHIATRIST II
5210	1540	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	SUPERVISOR-MENTAL HEALTH SVCS-INPT
5210	1590	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	NURSING SUPERVISOR - MNTL HLTH INP
5210	1596	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	MENTAL HEALTH MFC COUNSELOR IV

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
5210	1598	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	MENTAL HEALTH NURSE III-ACUTE CARE
5210	1671	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	SENIOR OCCUPATIONAL THERAPIST
5210	1697	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	SENIOR REHAB THERAPIST
5210	1983	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	RESPIRATORY THERAPIST-LB I
5210	1984	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	RESPIRATORY THERAPIST-LB II
5210	1985	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	RESPIRATORY THERAPIST-LB III
5210	1986	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	RESPIRATORY THERAPIST-LB IV
5210	2002	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	RADIOLOGIC TECHNOLOGIST-LB II
5210	2003	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	RADIOLOGIC TECHNOLOGIST-LB III
5210	2004	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	RADIOLOGIC TECHNOLOGIST-LB IV
5210	2006	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	REHABILITATION THERAPIST-LB II
5210	2007	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	REHABILITATION THERAPIST-LB III
5210	2008	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	REHABILITATION THERAPIST-LB IV
5210	2010	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	ZD LABORATORY TECHNOLOGIST-LB II
5210	2014	<input checked="" type="checkbox"/>	3		3		3	VENTURA COUNTY MEDICAL CENTER	PHARMACIST-LB III
5210	1331	<input checked="" type="checkbox"/>	3		3		3	VENTURA COUNTY MEDICAL CENTER	MANAGEMENT ASSISTANT I
5210	1347	<input checked="" type="checkbox"/>	3		3		3	VENTURA COUNTY MEDICAL CENTER	OFFICE ASSISTANT IV
5210	1381	<input checked="" type="checkbox"/>	1		3		1	VENTURA COUNTY MEDICAL CENTER	LAUNDRY ASSISTANT SUPERVISOR
5400	1162	<input type="checkbox"/>	3		5		3	HSA-SPEC INVESTIGATIONS UNIT	SUPERVISING ELIGIBILITY OFFCR
5400	1514	<input type="checkbox"/>	2	1,3	5		2	HSA-SPEC INVESTIGATIONS UNIT	SUPERVISING WELFARE FRAUD INV
5400	1678	<input type="checkbox"/>	2	1,3	5		2	HSA-SPEC INVESTIGATIONS UNIT	CHIEF-WELFARE INVESTIGATOR
5400	1679	<input type="checkbox"/>	2	1,3	5		2	HSA-SPEC INVESTIGATIONS UNIT	WELFARE INVESTIGATOR III
5400	1680	<input type="checkbox"/>	2	1,3	5		2	HSA-SPEC INVESTIGATIONS UNIT	WELFARE INVESTIGATOR II
5400	1681	<input type="checkbox"/>	2	1,3	5		2	HSA-SPEC INVESTIGATIONS UNIT	WELFARE INVESTIGATOR I
5400	2048	<input type="checkbox"/>	2	1,3	5		2	HSA-SPEC INVESTIGATIONS UNIT	WELFARE INVESTIGATOR
5410	33	<input type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	ADMIN OFFICER II
5410	140	<input type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	ELIGIBILITY TECHNICIAN
5410	491	<input type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	DATA ENTRY OPERATOR I
5410	492	<input checked="" type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	DATA ENTRY OPERATOR II
5410	493	<input checked="" type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	DATA ENTRY OPERATOR III
5410	563	<input type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	TECHNICAL SPECIALIST II-PH
5410	564	<input type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	TECHNICAL SPECIALIST II-PI
5410	567	<input checked="" type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	TECHNICAL SPECIALIST III-PI
5410	688	<input type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	ELIGIBILITY SPECIALIST
5410	748	<input type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	PROGRAM ADMINISTRATOR III

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
5410	1144	<input type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	PSSA FAC MAINT COORD
5410	1149	<input type="checkbox"/>	2	3	5			2 HSA-EMPLOYMENT & TRANS. ASSISTANCE	SUPERVISING SOCIAL WORKER
5410	1159	<input checked="" type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	ZD ELIGIBILITY OFFICER I
5410	1160	<input checked="" type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	ZD ELIGIBILITY OFFICER II
5410	1161	<input checked="" type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	ZD ELIGIBILITY OFFICER III
5410	1162	<input checked="" type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	ZD SUPERVISING ELIGIBILITY OFFCR
5410	1214	<input type="checkbox"/>	1		5			2 HSA-EMPLOYMENT & TRANS. ASSISTANCE	MENTAL HEALTH ASSOCIATE
5410	1259	<input type="checkbox"/>	2	2	5			2 HSA-EMPLOYMENT & TRANS. ASSISTANCE	EMP & TRAINING SPCLST I
5410	1269	<input type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	CLERICAL SUPERVISOR I
5410	1270	<input checked="" type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	CLERICAL SUPERVISOR II
5410	1273	<input type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	CLERICAL TRAINEE
5410	1284	<input type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	COURIER I
5410	1333	<input checked="" type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	MANAGEMENT ASSISTANT III
5410	1339	<input checked="" type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	OFFICE ASSISTANT I
5410	1344	<input checked="" type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	OFFICE ASSISTANT II
5410	1345	<input checked="" type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	OFFICE ASSISTANT III
5410	1347	<input checked="" type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	OFFICE ASSISTANT IV
5410	1366	<input type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	SUPERVISING ELIG OFFICER-R
5410	1368	<input type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	CAL WORKS CAR SERV SUP1-SPEC TC
5410	1369	<input type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	CALWORKS CAR SERV SUP11-SPEC TC
5410	1407	<input type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	CHIEF-DEPUTY DIRECTOR-PSSA
5410	1710	<input checked="" type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	STAFF/SERVICES MANAGER II
5410	1762	<input type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	CAL WORKS CAREER SERV. SPEC I
5410	1763	<input type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	CAL WORKS CAREER SERV. SPE II
5410	1764	<input type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	CAREER SERV SPEC III
5410	1765	<input type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	CAL WORKS CAREER SERV. SUP IV
5410	1785	<input type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	CAL WORKS CAREER SERV. SUP II
5410	1786	<input type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	CAL WORKS CAREER SERV. SUP I
5410	1789	<input type="checkbox"/>	2	3	5			2 HSA-EMPLOYMENT & TRANS. ASSISTANCE	SOCIAL WORKER III
5410	1790	<input type="checkbox"/>	2	3	5			2 HSA-EMPLOYMENT & TRANS. ASSISTANCE	SOCIAL WORKER II
5410	1791	<input type="checkbox"/>	2	3	5			2 HSA-EMPLOYMENT & TRANS. ASSISTANCE	SOCIAL WORKER I
5410	1822	<input type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	STUDENT WORKER II
5410	1823	<input checked="" type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	STUDENT AIDE
5410	2049	<input type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	PUBLIC SOCIAL SRV AGN PRG ASST
5410	1907	<input checked="" type="checkbox"/>	3		5			3 HSA-EMPLOYMENT & TRANS. ASSISTANCE	DIRECTOR TRANS AND ADULT SVCS DEPT

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
5410	1909	<input checked="" type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	CAREER SERVICES SUPERVISOR I
5410	1911	<input checked="" type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	CAREER SERVICES SUPERVISOR I-TC
5410	1913	<input checked="" type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	CAREER SERVICES SPECIALIST I
5410	1914	<input checked="" type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	CAREER SERVICES SPECIALIST II
5410	1915	<input checked="" type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	CAREER SERVICES SPECIALIST III
5410	1970	<input checked="" type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	OFFICE SUPP WORKER-CW
5410	1526	<input checked="" type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	HUMAN SERVICES PROGRAM ASST I
5410	1561	<input checked="" type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	HUMAN SERVICES MANAGER
5410	1562	<input checked="" type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	HUMAN SERVICES SENIOR MANAGER
5410	1575	<input checked="" type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	HUMAN SERVICES PROGRAM ADMIN II
5410	1708	<input checked="" type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	STAFF/SERVICES SPECIALIST II
5410	1762	<input checked="" type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	ZD CAL WORKS CAREER SERV. SPEC I
5410	1792	<input checked="" type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	HUMAN SERVICES OFFICER TRAINEE
5410	1793	<input checked="" type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	HUMAN SERVICES OFFICER I
5410	1794	<input checked="" type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	HUMAN SERVICES OFFICER II
5410	1795	<input checked="" type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	HUMAN SERVICES OFFICER III
5410	1796	<input checked="" type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	HUMAN SERVICES OFFICER IV
5410	1797	<input checked="" type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	HUMAN SERVICES OFFICER SUP
5410	1798	<input checked="" type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	HUMAN SERVICES OFFICER SUP-TC
5410	1821	<input checked="" type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	STUDENT WORKER I
5410	1899	<input checked="" type="checkbox"/>	3		5		3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	CAREER SERVICES SPECIALIST IV
5430	9	<input type="checkbox"/>	3		5		3	HSA-ADMINISTRATION	ACCOUNTANT III
5430	20	<input checked="" type="checkbox"/>	3		5		3	HSA-ADMINISTRATION	ADMIN AIDE
5430	30	<input checked="" type="checkbox"/>	3		5		3	HSA-ADMINISTRATION	ADMIN ASSISTANT I
5430	34	<input checked="" type="checkbox"/>	3		5		3	HSA-ADMINISTRATION	ADMIN OFFICER I
5430	129	<input checked="" type="checkbox"/>	3		5		3	HSA-ADMINISTRATION	SUPERVISING ACCOUNTANT
5430	441	<input type="checkbox"/>	3		5		3	HSA-ADMINISTRATION	PUBLIC SOCIAL SRV AGN PRG SUPV
5430	569	<input type="checkbox"/>	3		5		3	HSA-ADMINISTRATION	TECHNICAL SPECIALIST IV-PH
5430	612	<input type="checkbox"/>	3		5		3	HSA-ADMINISTRATION	DIRECTOR PUBLIC SOCIAL SERVICES
5430	623	<input checked="" type="checkbox"/>	3		5		3	HSA-ADMINISTRATION	PROGRAM ADMINISTRATOR II
5430	688	<input checked="" type="checkbox"/>	3		5		3	HSA-ADMINISTRATION	ELIGIBILITY SPECIALIST
5430	808	<input type="checkbox"/>	3		5		3	HSA-ADMINISTRATION	DEPUTY DIRECTOR II PSSA FISCAL SVCS
5430	889	<input checked="" type="checkbox"/>	3		5		3	HSA-ADMINISTRATION	MANAGER-FISCAL/ADMIN SERVICES III
5430	1022	<input checked="" type="checkbox"/>	3		5		3	HSA-ADMINISTRATION	OFFICE SYSTEMS COORDINATOR I
5430	1023	<input checked="" type="checkbox"/>	3		5		3	HSA-ADMINISTRATION	OFFICE SYSTEMS COORDINATOR II

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
5430	1024	<input checked="" type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	OFFICE SYSTEMS COORDINATOR III
5430	1144	<input type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	PSSA FAC MAINT COORD
5430	1160	<input type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	ELIGIBILITY OFFICER II
5430	1161	<input type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	ELIGIBILITY OFFICER III
5430	1162	<input type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	SUPERVISING ELIGIBILITY OFFCR
5430	1173	<input checked="" type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	PROGRAM ASSISTANT
5430	1174	<input checked="" type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	SENIOR PROGRAM ADMINISTRATOR
5430	1260	<input type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	EMP & TRAINING SPCLST II
5430	1270	<input checked="" type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	CLERICAL SUPERVISOR II
5430	1273	<input type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	CLERICAL TRAINEE
5430	1276	<input checked="" type="checkbox"/>	2	1,3,4	5	5	2	HSA-ADMINISTRATION	COLLECTIONS OFFICER III
5430	1284	<input type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	COURIER I
5430	1291	<input checked="" type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	FISCAL ASSISTANT II
5430	1292	<input checked="" type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	FISCAL ASSISTANT III
5430	1293	<input checked="" type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	FISCAL ASSISTANT IV
5430	1295	<input checked="" type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	FISCAL TECHNICIAN I
5430	1296	<input type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	FISCAL TECHNICIAN II
5430	1333	<input checked="" type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	MANAGEMENT ASSISTANT III
5430	1338	<input checked="" type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	MANAGEMENT ASSISTANT IV-CONF
5430	1339	<input type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	OFFICE ASSISTANT I
5430	1344	<input checked="" type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	OFFICE ASSISTANT II
5430	1345	<input checked="" type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	OFFICE ASSISTANT III
5430	1347	<input checked="" type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	OFFICE ASSISTANT IV
5430	1491	<input checked="" type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	ADMIN ASSISTANT II-NE
5430	1548	<input checked="" type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	SENIOR ACCOUNTANT
5430	1611	<input type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	ADMIN ASST III
5430	1681	<input type="checkbox"/>	2	1,3	5	5	2	HSA-ADMINISTRATION	WELFARE INVESTIGATOR I
5430	1692	<input type="checkbox"/>	2	3,4	5	5	2	HSA-ADMINISTRATION	SENIOR PSYCHOLOGIST
5430	1710	<input checked="" type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	STAFF/SERVICES MANAGER II
5430	1823	<input checked="" type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	STUDENT AIDE
5430	622	<input checked="" type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	PROGRAM ADMINISTRATOR I
5430	748	<input checked="" type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	PROGRAM ADMINISTRATOR III
5430	1014	<input checked="" type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	MAINT ENGINEER
5430	1275	<input checked="" type="checkbox"/>	2	1,3,4	5	5	2	HSA-ADMINISTRATION	COLLECTIONS OFFICER II
5430	1562	<input checked="" type="checkbox"/>	3		5	5	3	HSA-ADMINISTRATION	HUMAN SERVICES SENIOR MANAGER

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
5430	1574	<input checked="" type="checkbox"/>	3		5		3	HSA-ADMINISTRATION	HUMAN SERVICES PROGRAM ADMN I
5430	1575	<input checked="" type="checkbox"/>	3		5		3	HSA-ADMINISTRATION	HUMAN SERVICES PROGRAM ADMN II
5430	1576	<input checked="" type="checkbox"/>	3		5		3	HSA-ADMINISTRATION	HUMAN SERVICES PROGRAM ADMN III
5430	1577	<input checked="" type="checkbox"/>	3		5		3	HSA-ADMINISTRATION	HUMAN SERVICES SR PROGRAM ADMN
5430	1578	<input checked="" type="checkbox"/>	3		5		3	HSA-ADMINISTRATION	HSA DEPARTMENT DEPUTY DIRECTOR
5430	1621	<input checked="" type="checkbox"/>	3		5		3	HSA-ADMINISTRATION	OFFICE SYSTEM COORDINATOR IV
5430	1709	<input checked="" type="checkbox"/>	3		5		3	HSA-ADMINISTRATION	STAFF/SERVICES MANAGER I
5430	1822	<input checked="" type="checkbox"/>	3		5		3	HSA-ADMINISTRATION	STUDENT WORKER II
5430	1903	<input checked="" type="checkbox"/>	3		5		3	HSA-ADMINISTRATION	DIRECTOR HUMAN SERVICES AGENCY
5430	1904	<input checked="" type="checkbox"/>	3		5		3	HSA-ADMINISTRATION	DEPUTY DIRECTOR-HSA
5440	353	<input checked="" type="checkbox"/>	3		4		3	HSA-ADULT & FAMILY SERVICES	VETERANS CLAIMS OFFICER II
5440	436	<input checked="" type="checkbox"/>	3		4		3	HSA-ADULT & FAMILY SERVICES	VETERANS SERVICES OFFICER
5440	749	<input type="checkbox"/>	2,3		4		2	HSA-ADULT & FAMILY SERVICES	ADULT PROTECTIVE SVCS SOCIAL WORKER
5440	863	<input type="checkbox"/>	1		4		1	HSA-ADULT & FAMILY SERVICES	HEALTH TECHNICIAN III
5440	1149	<input type="checkbox"/>	2,3		4		2	HSA-ADULT & FAMILY SERVICES	SUPERVISING SOCIAL WORKER
5440	1158	<input checked="" type="checkbox"/>	2,3		4		2	HSA-ADULT & FAMILY SERVICES	COMMUNITY SERVICE WORKER III
5440	1332	<input checked="" type="checkbox"/>	3		4		3	HSA-ADULT & FAMILY SERVICES	MANAGEMENT ASSISTANT II
5440	1344	<input checked="" type="checkbox"/>	3		4		3	HSA-ADULT & FAMILY SERVICES	OFFICE ASSISTANT II
5440	1345	<input checked="" type="checkbox"/>	3		4		3	HSA-ADULT & FAMILY SERVICES	OFFICE ASSISTANT III
5440	1710	<input type="checkbox"/>	3		4		3	HSA-ADULT & FAMILY SERVICES	STAFF/SERVICES MANAGER II
5440	1789	<input type="checkbox"/>	2,3		4		2	HSA-ADULT & FAMILY SERVICES	SOCIAL WORKER III
5440	1790	<input type="checkbox"/>	2,3		4		2	HSA-ADULT & FAMILY SERVICES	SOCIAL WORKER II
5440	1791	<input type="checkbox"/>	2,3		4		2	HSA-ADULT & FAMILY SERVICES	SOCIAL WORKER I
5440	1823	<input type="checkbox"/>	3		4		3	HSA-ADULT & FAMILY SERVICES	STUDENT AIDE
5440	1707	<input checked="" type="checkbox"/>	3		4		3	HSA-ADULT & FAMILY SERVICES	STAFF/SERVICES SPECIALIST I
5440	1721	<input checked="" type="checkbox"/>	2,3		4		2	HSA-ADULT & FAMILY SERVICES	ADULT SRVCS REGIONAL COORD
5440	1722	<input checked="" type="checkbox"/>	2,1,2,3,4		4		2	HSA-ADULT & FAMILY SERVICES	ADULT PRTV SVCS SOCIAL WORKER IV
5440	1723	<input checked="" type="checkbox"/>	2,1,2,3,4		4		2	HSA-ADULT & FAMILY SERVICES	ADULT PRTV SVCS SOCIAL WORKER III
5440	1724	<input checked="" type="checkbox"/>	2,1,2,3,4		4		2	HSA-ADULT & FAMILY SERVICES	ADULT PRTV SERVICE SOCIAL WKR II
5440	1725	<input checked="" type="checkbox"/>	2,1,2,3,4		4		2	HSA-ADULT & FAMILY SERVICES	ADULT PRTV SVCS SOCIAL WORKER I
5440	1943	<input checked="" type="checkbox"/>	2,3		4		2	HSA-ADULT & FAMILY SERVICES	ADULT SRVCS REGIONAL COORD-TC
5440	30	<input checked="" type="checkbox"/>	3		4		3	HSA-ADULT & FAMILY SERVICES	ADMIN ASSISTANT I
5440	352	<input checked="" type="checkbox"/>	3		4		3	HSA-ADULT & FAMILY SERVICES	VETERANS CLAIMS OFFICER I
5440	406	<input checked="" type="checkbox"/>	2,3		4		2	HSA-ADULT & FAMILY SERVICES	COMMUNITY SERVICES COORDINATOR
5440	548	<input checked="" type="checkbox"/>	2,1		4		2	HSA-ADULT & FAMILY SERVICES	DEPUTY PUBLIC GUARDN-CONSERVATOR

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
5440	1156	<input checked="" type="checkbox"/>	2	3	4	4	2	HSA-ADULT & FAMILY SERVICES	COMMUNITY SERVICE WORKER I
5440	1562	<input checked="" type="checkbox"/>	3	3	4	4	3	HSA-ADULT & FAMILY SERVICES	HUMAN SERVICES SENIOR MANAGER
5440	1575	<input checked="" type="checkbox"/>	3	3	4	4	3	HSA-ADULT & FAMILY SERVICES	HUMAN SERVICES PROGRAM ADMN II
5450	563	<input type="checkbox"/>	3	3	5	5	3	HSA-CALWORKS PROGRAM SUPPORT	TECHNICAL SPECIALIST II-PH
5450	622	<input type="checkbox"/>	3	3	5	5	3	HSA-CALWORKS PROGRAM SUPPORT	PROGRAM ADMINISTRATOR I
5450	623	<input checked="" type="checkbox"/>	3	3	5	5	3	HSA-CALWORKS PROGRAM SUPPORT	PROGRAM ADMINISTRATOR II
5450	1149	<input type="checkbox"/>	2	3	5	5	2	HSA-CALWORKS PROGRAM SUPPORT	SUPERVISING SOCIAL WORKER
5450	1259	<input type="checkbox"/>	2	2	5	5	2	HSA-CALWORKS PROGRAM SUPPORT	EMP & TRAINING SPCLST I
5450	1333	<input checked="" type="checkbox"/>	3	3	5	5	3	HSA-CALWORKS PROGRAM SUPPORT	MANAGEMENT ASSISTANT III
5450	1345	<input checked="" type="checkbox"/>	3	3	5	5	3	HSA-CALWORKS PROGRAM SUPPORT	OFFICE ASSISTANT III
5450	1489	<input type="checkbox"/>	3	3	5	5	3	HSA-CALWORKS PROGRAM SUPPORT	PROGRAM ASSISTANT-NE
5450	1699	<input type="checkbox"/>	3	3	5	5	3	HSA-CALWORKS PROGRAM SUPPORT	DEPUTY DIRECTOR HLTH CARE AGENCY
5450	1759	<input type="checkbox"/>	3	3	5	5	3	HSA-CALWORKS PROGRAM SUPPORT	CAL WORKS CAREER CENTER DIR
5450	1790	<input checked="" type="checkbox"/>	2	3	5	5	2	HSA-BUSINESS/EMPLOYMENT SERVICES	SOCIAL WORKER II
5450	1157	<input checked="" type="checkbox"/>	2	3	5	5	2	HSA-BUSINESS/EMPLOYMENT SERVICES	COMMUNITY SERVICE WORKER II
5450	1344	<input checked="" type="checkbox"/>	3	3	5	5	3	HSA-BUSINESS/EMPLOYMENT SERVICES	OFFICE ASSISTANT II
5450	1347	<input checked="" type="checkbox"/>	3	3	5	5	3	HSA-BUSINESS/EMPLOYMENT SERVICES	OFFICE ASSISTANT IV
5450	1561	<input checked="" type="checkbox"/>	3	3	5	5	3	HSA-BUSINESS/EMPLOYMENT SERVICES	HUMAN SERVICES MANAGER
5450	1562	<input checked="" type="checkbox"/>	3	3	5	5	3	HSA-BUSINESS/EMPLOYMENT SERVICES	HUMAN SERVICES SENIOR MANAGER
5450	1574	<input checked="" type="checkbox"/>	3	3	5	5	3	HSA-BUSINESS/EMPLOYMENT SERVICES	HUMAN SERVICES PROGRAM ADMN I
5450	1575	<input checked="" type="checkbox"/>	3	3	5	5	3	HSA-BUSINESS/EMPLOYMENT SERVICES	HUMAN SERVICES PROGRAM ADMN II
5450	1764	<input checked="" type="checkbox"/>	3	3	5	5	3	HSA-BUSINESS/EMPLOYMENT SERVICES	ZD CAREER SERV SPEC III
5450	1765	<input checked="" type="checkbox"/>	3	3	5	5	3	HSA-BUSINESS/EMPLOYMENT SERVICES	ZD CAL WORKS CAREER SERV. SUP IV
5450	1822	<input checked="" type="checkbox"/>	3	3	5	5	3	HSA-BUSINESS/EMPLOYMENT SERVICES	STUDENT WORKER II
5450	1823	<input checked="" type="checkbox"/>	3	3	5	5	3	HSA-BUSINESS/EMPLOYMENT SERVICES	STUDENT AIDE
5450	1899	<input checked="" type="checkbox"/>	3	3	5	5	3	HSA-BUSINESS/EMPLOYMENT SERVICES	CAREER SERVICES SPECIALIST IV
5450	1905	<input checked="" type="checkbox"/>	3	3	5	5	3	HSA-BUSINESS/EMPLOYMENT SERVICES	DIRECTOR BUSINESS & EMPL SVCS DEPT
5450	1909	<input checked="" type="checkbox"/>	3	3	5	5	3	HSA-BUSINESS/EMPLOYMENT SERVICES	CAREER SERVICES SUPERVISOR I
5450	1910	<input checked="" type="checkbox"/>	3	3	5	5	3	HSA-BUSINESS/EMPLOYMENT SERVICES	CAREER SERVICES SUPERVISOR II
5450	1911	<input checked="" type="checkbox"/>	3	3	5	5	3	HSA-BUSINESS/EMPLOYMENT SERVICES	CAREER SERVICES SUPERVISOR I-TC
5450	1912	<input checked="" type="checkbox"/>	3	3	5	5	3	HSA-BUSINESS/EMPLOYMENT SERVICES	CAREER SERVICES SUPERVISOR II-TC
5450	1913	<input checked="" type="checkbox"/>	3	3	5	5	3	HSA-BUSINESS/EMPLOYMENT SERVICES	CAREER SERVICES SPECIALIST I
5450	1914	<input checked="" type="checkbox"/>	3	3	5	5	3	HSA-BUSINESS/EMPLOYMENT SERVICES	CAREER SERVICES SPECIALIST II
5450	1915	<input checked="" type="checkbox"/>	3	3	5	5	3	HSA-BUSINESS/EMPLOYMENT SERVICES	CAREER SERVICES SPECIALIST III
5450	1970	<input checked="" type="checkbox"/>	3	3	5	5	3	HSA-BUSINESS/EMPLOYMENT SERVICES	OFFICE SUPP WORKER-CW

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
5460	492	<input type="checkbox"/>	3		4	4	3	HSA-CHILDREN AND FAMILY SERVICES	DATA ENTRY OPERATOR II
5460	691	<input checked="" type="checkbox"/>	2	3	4	4	2	HSA-CHILDREN AND FAMILY SERVICES	CHILDREN'S SERVICE SOCIAL WKR I
5460	692	<input checked="" type="checkbox"/>	2	3	4	4	2	HSA-CHILDREN AND FAMILY SERVICES	CHILDREN'S SERVICE SOCIAL WKR II
5460	697	<input checked="" type="checkbox"/>	2	3	4	4	2	HSA-CHILDREN AND FAMILY SERVICES	CHILDREN'S SERVICE SOCIAL WKR III
5460	749	<input type="checkbox"/>	2	3	4	4	2	HSA-CHILDREN AND FAMILY SERVICES	ADULT PROTECTIVE SVCS SOCIAL WORKER
5460	808	<input type="checkbox"/>	3		4	4	3	HSA-CHILDREN AND FAMILY SERVICES	DEPUTY DIRECTOR II PSSA FISCAL SVCS
5460	863	<input type="checkbox"/>	1		4	4	1	HSA-CHILDREN AND FAMILY SERVICES	HEALTH TECHNICIAN III
5460	1036	<input type="checkbox"/>	2	3	4	4	2	HSA-CHILDREN AND FAMILY SERVICES	MANAGER-CHILDRENS SOCIAL SERVICES
5460	1154	<input checked="" type="checkbox"/>	2	3	4	4	2	HSA-CHILDREN AND FAMILY SERVICES	SUPERVISING CHILD SVC SOC WKR
5460	1156	<input type="checkbox"/>	1		4	4	1	HSA-CHILDREN AND FAMILY SERVICES	COMMUNITY SERVICE WORKER I
5460	1157	<input checked="" type="checkbox"/>	1		4	4	1	HSA-CHILDREN AND FAMILY SERVICES	COMMUNITY SERVICE WORKER II
5460	1158	<input checked="" type="checkbox"/>	1		4	4	1	HSA-CHILDREN AND FAMILY SERVICES	COMMUNITY SERVICE WORKER III
5460	1160	<input checked="" type="checkbox"/>	3		4	4	3	HSA-CHILDREN AND FAMILY SERVICES	ZD ELIGIBILITY OFFICER II
5460	1161	<input type="checkbox"/>	3		4	4	3	HSA-CHILDREN AND FAMILY SERVICES	ELIGIBILITY OFFICER III
5460	1162	<input type="checkbox"/>	3		4	4	3	HSA-CHILDREN AND FAMILY SERVICES	SUPERVISING ELIGIBILITY OFFCR
5460	1270	<input checked="" type="checkbox"/>	3		4	4	3	HSA-CHILDREN AND FAMILY SERVICES	CLERICAL SUPERVISOR II
5460	1306	<input type="checkbox"/>	3		4	4	3	HSA-CHILDREN AND FAMILY SERVICES	INFORMATION PROCESSING OPR III
5460	1333	<input checked="" type="checkbox"/>	3		4	4	3	HSA-CHILDREN AND FAMILY SERVICES	MANAGEMENT ASSISTANT III
5460	1344	<input checked="" type="checkbox"/>	3		4	4	3	HSA-CHILDREN AND FAMILY SERVICES	OFFICE ASSISTANT II
5460	1345	<input checked="" type="checkbox"/>	3		4	4	3	HSA-CHILDREN AND FAMILY SERVICES	OFFICE ASSISTANT III
5460	1347	<input checked="" type="checkbox"/>	3		4	4	3	HSA-CHILDREN AND FAMILY SERVICES	OFFICE ASSISTANT IV
5460	1710	<input checked="" type="checkbox"/>	3		4	4	3	HSA-CHILDREN AND FAMILY SERVICES	STAFF/SERVICES MANAGER II
5460	1737	<input checked="" type="checkbox"/>	2	3	4	4	2	HSA-CHILDREN AND FAMILY SERVICES	CHILDREN'S SERVICE SOCIAL WKR IV
5460	1764	<input type="checkbox"/>	3		4	4	3	HSA-CHILDREN AND FAMILY SERVICES	CAREER SERV SPEC III
5460	1789	<input type="checkbox"/>	2	3	4	4	2	HSA-CHILDREN AND FAMILY SERVICES	SOCIAL WORKER III
5460	1790	<input type="checkbox"/>	2	3	4	4	2	HSA-CHILDREN AND FAMILY SERVICES	SOCIAL WORKER II
5460	1823	<input checked="" type="checkbox"/>	3		4	4	3	HSA-EMPLOYMENT & TRANS. ASSISTANCE	STUDENT AIDE
5460	2049	<input type="checkbox"/>	3		4	4	3	HSA-CHILDREN AND FAMILY SERVICES	PUBLIC SOCIAL SRV AGN PRG ASST
5460	406	<input checked="" type="checkbox"/>	2	3	4	4	2	HSA-CHILDREN AND FAMILY SERVICES	COMMUNITY SERVICES COORDINATOR
5460	1022	<input checked="" type="checkbox"/>	3		4	4	3	HSA-CHILDREN AND FAMILY SERVICES	OFFICE SYSTEMS COORDINATOR I
5460	1561	<input checked="" type="checkbox"/>	3		4	4	3	HSA-CHILDREN AND FAMILY SERVICES	HUMAN SERVICES MANAGER
5460	1575	<input checked="" type="checkbox"/>	3		4	4	3	HSA-CHILDREN AND FAMILY SERVICES	HUMAN SERVICES PROGRAM ADMN II
5460	1576	<input checked="" type="checkbox"/>	3		4	4	3	HSA-CHILDREN AND FAMILY SERVICES	HUMAN SERVICES PROGRAM ADMN III
5460	1578	<input checked="" type="checkbox"/>	3		4	4	3	HSA-CHILDREN AND FAMILY SERVICES	HSA DEPARTMENT DEPUTY DIRECTOR
5460	1794	<input checked="" type="checkbox"/>	2	3	4	4	2	HSA-CHILDREN AND FAMILY SERVICES	HUMAN SERVICES OFFICER II

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
5460	1795	<input checked="" type="checkbox"/>		2 3	4	4	2	HSA-CHILDREN AND FAMILY SERVICES	HUMAN SERVICES OFFICER III
5460	1798	<input checked="" type="checkbox"/>		2 3	4	4	2	HSA-CHILDREN AND FAMILY SERVICES	HUMAN SERVICES OFFICER SUP-TC
5460	1906	<input checked="" type="checkbox"/>		3	4	4	3	HSA-CHILDREN AND FAMILY SERVICES	DIRECTOR CHILDREN & FAMILY SVC DEPT
5550	285	<input checked="" type="checkbox"/>		3	4	4	3	HSA-SENIOR NUTRITION	NUTRITION PROGRAM WORKER I
5550	287	<input checked="" type="checkbox"/>		3	4	4	3	HSA-SENIOR NUTRITION	NUTRITION PROGRAM WORKER II
5550	364	<input checked="" type="checkbox"/>		3	4	4	3	HSA-SENIOR NUTRITION	SUPERVISING NUTRITION PROG WKR
5550	622	<input checked="" type="checkbox"/>		3	4	4	3	HSA-SENIOR NUTRITION	PROGRAM ADMINISTRATOR I
5550	623	<input type="checkbox"/>		3	4	4	3	HSA-SENIOR NUTRITION	PROGRAM ADMINISTRATOR II
5550	799	<input type="checkbox"/>		3	4	4	3	HSA-SENIOR NUTRITION	FOOD SERVICES SHIFT SUPVR
5550	857	<input checked="" type="checkbox"/>		2 2	4	4	2	HSA-SENIOR NUTRITION	HEALTH EDUCATION ASST I
5550	858	<input checked="" type="checkbox"/>		2 2	4	4	2	HSA-SENIOR NUTRITION	HEALTH EDUCATION ASST II
5550	862	<input type="checkbox"/>		1	4	4	2	HSA-SENIOR NUTRITION	HEALTH TECHNICIAN II
5550	1332	<input checked="" type="checkbox"/>		3	4	4	3	HSA-SENIOR NUTRITION	MANAGEMENT ASSISTANT II
5550	1344	<input checked="" type="checkbox"/>		3	4	4	3	HSA-SENIOR NUTRITION	OFFICE ASSISTANT II
5550	1597	<input checked="" type="checkbox"/>		3	4	4	3	HSA-SENIOR NUTRITION	SENIOR DIETITIAN
5550	1823	<input type="checkbox"/>		3	4	4	3	HSA-SENIOR NUTRITION	STUDENT AIDE
5550	2	<input checked="" type="checkbox"/>		3	4	4	3	HSA-SENIOR NUTRITION	COUNTY WORKER - EXTRA HELP
5550	163	<input checked="" type="checkbox"/>		3	4	4	3	HSA-SENIOR NUTRITION	ASSIST FOOD SERVICES SUPV
5550	288	<input checked="" type="checkbox"/>		3	4	4	3	HSA-SENIOR NUTRITION	NUTRITION PROGRAM WORKER III
5550	1347	<input checked="" type="checkbox"/>		3	4	4	3	HSA-SENIOR NUTRITION	OFFICE ASSISTANT IV
5550	1490	<input checked="" type="checkbox"/>		3	4	4	3	HSA-SENIOR NUTRITION	ADMIN ASSISTANT I-NE
5550	1575	<input checked="" type="checkbox"/>		3	4	4	3	HSA-SENIOR NUTRITION	HUMAN SERVICES PROGRAM ADMN II
5700	30	<input checked="" type="checkbox"/>		3	5	5	3	AREA AGENCY ON AGING	ADMIN ASSISTANT I
5700	31	<input checked="" type="checkbox"/>		3	5	5	3	AREA AGENCY ON AGING	ADMIN ASSISTANT II
5700	186	<input checked="" type="checkbox"/>		3	5	5	3	AREA AGENCY ON AGING	DIRECTOR AREA AGENCY ON AGING
5700	1273	<input checked="" type="checkbox"/>		3	5	5	3	AREA AGENCY ON AGING	CLERICAL TRAINEE
5700	1296	<input checked="" type="checkbox"/>		3	5	5	3	AREA AGENCY ON AGING	FISCAL TECHNICIAN II
5700	1333	<input type="checkbox"/>		3	5	5	3	AREA AGENCY ON AGING	MANAGEMENT ASSISTANT III
5700	1789	<input checked="" type="checkbox"/>		2 2,4	4	4	2	AREA AGENCY ON AGING	SOCIAL WORKER III
5700	8	<input checked="" type="checkbox"/>		3	5	5	3	AREA AGENCY ON AGING	ACCOUNTANT II
5700	622	<input checked="" type="checkbox"/>		3	5	5	3	AREA AGENCY ON AGING	PROGRAM ADMINISTRATOR I
5700	623	<input checked="" type="checkbox"/>		3	5	5	3	AREA AGENCY ON AGING	PROGRAM ADMINISTRATOR II
5700	1158	<input checked="" type="checkbox"/>		3	4	4	3	AREA AGENCY ON AGING	COMMUNITY SERVICE WORKER III
5700	1332	<input checked="" type="checkbox"/>		3	5	5	3	AREA AGENCY ON AGING	MANAGEMENT ASSISTANT II
5700	1338	<input checked="" type="checkbox"/>		3	5	5	3	AREA AGENCY ON AGING	MANAGEMENT ASSISTANT IV-CONF

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
5700	1367	<input checked="" type="checkbox"/>	2	2,4	4	4	2	AREA AGENCY ON AGING	SUPERVISING SOCIAL WORKER-R
5700	1434	<input checked="" type="checkbox"/>	1		4	4	1	AREA AGENCY ON AGING	PUBLIC HEALTH NURSE III
5700	1788	<input checked="" type="checkbox"/>	2	2,4	4	4	2	AREA AGENCY ON AGING	SOCIAL WORKER IV
5800	590	<input checked="" type="checkbox"/>	3		5	5	3	LIBRARY SERVICES AGENCY-ADM	DIRECTOR LIBRARY SERVICES
5810	7	<input type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	ACCOUNTANT I
5810	33	<input type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	ADMIN OFFICER II
5810	622	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	PROGRAM ADMINISTRATOR I
5810	957	<input type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	LIBRARIAN I
5810	958	<input type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	LIBRARIAN II
5810	959	<input type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	LIBRARIAN III
5810	1023	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	OFFICE SYSTEMS COORDINATOR II
5810	1024	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	OFFICE SYSTEMS COORDINATOR III
5810	1078	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	LIBRARY MONITOR
5810	1080	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	LIBRARY PAGE
5810	1273	<input type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	CLERICAL TRAINEE
5810	1284	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	COURIER I
5810	1285	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	COURIER II
5810	1324	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	LIBRARY TECHNICIAN I
5810	1326	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	LIBRARY TECHNICIAN II
5810	1327	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	LIBRARY TECHNICIAN III
5810	1338	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	MANAGEMENT ASSISTANT IV-CONF
5810	1339	<input type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	OFFICE ASSISTANT I
5810	1344	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	OFFICE ASSISTANT II
5810	1345	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	OFFICE ASSISTANT III
5810	1347	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	OFFICE ASSISTANT IV
5810	1490	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	ADMIN ASSISTANT I-NE
5810	1609	<input checked="" type="checkbox"/>	3		5	5	3	LIBRARY SERVICES AGENCY	DEPARTMENT FISCAL OFFICER I
5810	1767	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	DEP DIRECTOR LIBRARY SERVICES
5810	1768	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	PRINCIPAL LIBRARIAN
5810	1769	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	SENIOR LIBRARIAN SPECIALIST
5810	1770	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	SENIOR CITY LIBRARIAN
5810	1771	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	CITY LIBRARIAN
5810	1772	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	LIBRARIAN SPECIALIST
5810	1773	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	LIBRARIAN
5810	1774	<input type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	LIBRARY GRAPHIC ARTIST

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
5810	1821	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	STUDENT WORKER I
5810	1822	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	STUDENT WORKER II
5810	2	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	COUNTY WORKER - EXTRA HELP
5810	748	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	PROGRAM ADMINISTRATOR III
5810	1292	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	FISCAL ASSISTANT III
5810	1295	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	FISCAL TECHNICIAN I
5810	1707	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	STAFF/SERVICES SPECIALIST I
5810	1823	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA COUNTY LIBRARY	STUDENT AIDE
6000	566	<input checked="" type="checkbox"/>	3		5	5	3	FARM ADVISOR	TECHNICAL SPECIALIST III-PH
6000	1022	<input checked="" type="checkbox"/>	3		5	5	3	FARM ADVISOR	OFFICE SYSTEMS COORDINATOR I
6000	1292	<input checked="" type="checkbox"/>	3		5	5	3	FARM ADVISOR	FISCAL ASSISTANT III
6000	1333	<input checked="" type="checkbox"/>	3		5	5	3	FARM ADVISOR	MANAGEMENT ASSISTANT III
6000	1339	<input checked="" type="checkbox"/>	3		5	5	3	FARM ADVISOR	OFFICE ASSISTANT I
6000	1344	<input checked="" type="checkbox"/>	3		5	5	3	FARM ADVISOR	OFFICE ASSISTANT II
6160	31	<input type="checkbox"/>	3		5	5	3	PWA-SOLID WASTE	ADMIN ASSISTANT II
6160	560	<input type="checkbox"/>	3		5	5	3	PWA-SOLID WASTE	TECHNICAL SPECIALIST I - PH
6160	1050	<input type="checkbox"/>	3		5	5	2	PWA-SOLID WASTE	WASTE MANAGEMENT ANALYST I
6160	1051	<input checked="" type="checkbox"/>	3		5	5	2	PWA-SOLID WASTE	WASTE MANAGEMENT ANALYST II
6160	1052	<input checked="" type="checkbox"/>	3		5	5	2	PWA-SOLID WASTE	SENIOR WASTE MANAGEMENT ANALYST
6160	1164	<input checked="" type="checkbox"/>	3		5	5	3	PWA-SOLID WASTE	DEPUTY DIRECTOR I PUB WKS AGY
6160	1252	<input checked="" type="checkbox"/>	3		5	5	2	PWA-SOLID WASTE	WASTE MANAGEMENT ANALYST III
6160	1332	<input checked="" type="checkbox"/>	3		5	5	3	PWA-SOLID WASTE	MANAGEMENT ASSISTANT II
6160	1333	<input checked="" type="checkbox"/>	3		5	5	3	PWA-SOLID WASTE	MANAGEMENT ASSISTANT III
6160	563	<input checked="" type="checkbox"/>	3		5	5	3	PWA-SOLID WASTE	TECHNICAL SPECIALIST II - PH
6160	566	<input type="checkbox"/>	3		5	5	3	PWA-SOLID WASTE	TECHNICAL SPECIALIST III - PH
6160	30	<input checked="" type="checkbox"/>	3		5	5	3	PWA-SOLID WASTE	ADMIN ASSISTANT I
6160	572	<input checked="" type="checkbox"/>	3		5	5	3	PWA-SOLID WASTE	TECHNICAL SPECIALIST IV-PI
6160	1823	<input checked="" type="checkbox"/>	3		5	5	3	PWA-SOLID WASTE	STUDENT AIDE
6500	8	<input type="checkbox"/>	3		5	5	3	PUBLIC WORKS SERVICES-ISF	ACCOUNTANT II
6500	9	<input checked="" type="checkbox"/>	3		5	5	3	PUBLIC WORKS SERVICES-ISF	ACCOUNTANT III
6500	34	<input checked="" type="checkbox"/>	3		5	5	3	PUBLIC WORKS SERVICES-ISF	ADMIN OFFICER I
6500	336	<input checked="" type="checkbox"/>	3		5	5	3	PUBLIC WORKS SERVICES-ISF	COMPUTER AIDED MAPPING ANALYST
6500	346	<input type="checkbox"/>	3		5	5	3	PUBLIC WORKS SERVICES-ISF	COMPUTER AIDED MAPPING TECH 2
6500	350	<input checked="" type="checkbox"/>	3		5	5	3	PUBLIC WORKS SERVICES-ISF	COMPUTER AIDED MAPPING TECH 3
6500	351	<input checked="" type="checkbox"/>	3		5	5	3	PUBLIC WORKS SERVICES-ISF	COMPUTER AIDED MAPPING TECH 4

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
6500	374	<input type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	PUBLIC WORKS MAINT WORKER I
6500	377	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	PUBLIC WORKS MAINT WORKER II
6500	378	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	PUBLIC WORKS MAINT WORKER III
6500	379	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	PUBLIC WORKS MAINT WORKER IV
6500	417	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	PRINCIPAL ENGINEER
6500	486	<input checked="" type="checkbox"/>	3		5	5	3	PUBLIC WORKS SERVICES-ISF	MANAGER-REAL ESTATE SERVI
6500	563	<input type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	TECHNICAL SPECIALIST II-PH
6500	566	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	TECHNICAL SPECIALIST III-PH
6500	567	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	TECHNICAL SPECIALIST III-PI
6500	569	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	TECHNICAL SPECIALIST IV-PH
6500	606	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	SENIOR TREE TRIMMER
6500	623	<input type="checkbox"/>	3		5	5	3	PUBLIC WORKS SERVICES-ISF	PROGRAM ADMINISTRATOR II
6500	625	<input checked="" type="checkbox"/>	3		5	5	3	PUBLIC WORKS SERVICES-ISF	DIRECTOR PUBLIC WORKS
6500	693	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	ENGINEER I
6500	694	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	ENGINEER II
6500	695	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	ENGINEER III
6500	696	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	ENGINEER IV
6500	700	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	ENGINEERING TECH II
6500	701	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	ENGINEERING TECH III
6500	702	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	ENGINEERING TECH IV
6500	758	<input checked="" type="checkbox"/>	3		5	5	3	PUBLIC WORKS SERVICES-ISF	SENIOR TRANSPORTATION ANALYST
6500	805	<input type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	PLANNER III
6500	831	<input checked="" type="checkbox"/>	3		5	5	3	PUBLIC WORKS SERVICES-ISF	MANAGER-PUB WRKS COMP-AIDED MAPPIN
6500	889	<input checked="" type="checkbox"/>	3		5	5	3	PUBLIC WORKS SERVICES-ISF	MANAGER-FISCAL/ADMIN SERVICES III
6500	899	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	HYDROGRAPHER I
6500	901	<input type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	HYDROGRAPHER II
6500	902	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	HYDROGRAPHER III
6500	903	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	HYDROGRAPHER IV
6500	906	<input type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	HYDROLOGIST I
6500	907	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	HYDROLOGIST II
6500	908	<input type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	HYDROLOGIST III
6500	909	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	HYDROLOGIST IV
6500	919	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	SENIOR PUBLIC WORKS INSPECTOR
6500	969	<input type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	REAL PROPERTY AGENT TRAINEE
6500	970	<input type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	REAL PROPERTY AGENT I

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
6500	971	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	REAL PROPERTY AGENT II
6500	972	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	REAL PROPERTY AGENT III
6500	976	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	MANAGER-SURVEY ENGINEERING
6500	1009	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	EQUIPMENT OPERATOR I
6500	1010	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	EQUIPMENT OPERATOR II
6500	1011	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	EQUIPMENT OPERATOR III
6500	1012	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	EQUIPMENT OPERATOR IV
6500	1018	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	ACCOUNTING SPECIALIST II
6500	1022	<input type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	OFFICE SYSTEMS COORDINATOR I
6500	1024	<input type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	OFFICE SYSTEMS COORDINATOR III
6500	1090	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	PUBLIC WORKS MAINT WORKER SPEC
6500	1099	<input type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	SENIOR ENGINEERING GEOLOGIST
6500	1111	<input type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	SENIOR HYDROGRAPHER
6500	1112	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	SENIOR HYDROLOGIST
6500	1134	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	CHIEF-PUBLIC WORKS MAINT I
6500	1135	<input type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	MAINT CARPENTER
6500	1136	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	CHIEF-PUBLIC WORKS MAINT II
6500	1137	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	SUPERVISOR PUBLIC WORKS MAINT.
6500	1155	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	MAINT WELDER
6500	1164	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	DEPUTY DIRECTOR I PUB WKS AGY
6500	1165	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	DEPUTY DIRECTOR II PUB WKS AGY
6500	1167	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	PRINCIPAL ENGINEER-UNREGISTRD
6500	1292	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	FISCAL ASSISTANT III
6500	1293	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	FISCAL ASSISTANT IV
6500	1295	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	FISCAL TECHNICIAN I
6500	1296	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	FISCAL TECHNICIAN II
6500	1332	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	MANAGEMENT ASSISTANT II
6500	1333	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	MANAGEMENT ASSISTANT III
6500	1338	<input type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	MANAGEMENT ASSISTANT IV-CONF
6500	1344	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	OFFICE ASSISTANT II
6500	1345	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	OFFICE ASSISTANT III
6500	1347	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	OFFICE ASSISTANT IV
6500	1444	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	PUBLIC WORKS INSPECTOR II
6500	1448	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	PUBLIC WORKS INSPECTOR III
6500	1491	<input checked="" type="checkbox"/>	3		5			PUBLIC WORKS SERVICES-ISF	ADMIN ASSISTANT II-NE

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
6500	1548	<input checked="" type="checkbox"/>	3		5	5	3	PUBLIC WORKS SERVICES-ISF	SENIOR ACCOUNTANT
6500	1614	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	SENIOR ENGINEER
6500	1708	<input checked="" type="checkbox"/>	3		5	5	3	PUBLIC WORKS SERVICES-ISF	STAFF/SERVICES SPECIALIST II
6500	1729	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	SENIOR SURVEY ENGINEER
6500	1746	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	STAFF ENGINEER
6500	1799	<input type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	STAFF CONSERVATIONIST
6500	1823	<input checked="" type="checkbox"/>	3		5	5	3	PUBLIC WORKS SERVICES-ISF	STUDENT AIDE
6500	1916	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	SURVEY ENGINEER I
6500	1917	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	SURVEY ENGINEER II
6500	1918	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	SURVEY ENGINEER III
6500	1919	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	SURVEY ENGINEER IV
6500	1926	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	SURVEY TECHNICIAN III
6500	1980	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	TREE TRIMMER II
6500	1981	<input type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	TREE TRIMMER I
6500	1189	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	PLANNER IV
6500		<input type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	STAFF GEOLOGIST
6500		<input type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	SUPERVISING REAL PROPERTY AGENT
6500	1019	<input checked="" type="checkbox"/>	3		5	5	3	PUBLIC WORKS SERVICES-ISF	ACCOUNTING SPECIALIST III
6500	1272	<input checked="" type="checkbox"/>	3		5	5	3	PUBLIC WORKS SERVICES-ISF	CLERICAL SERVICE MANAGER
6500	1331	<input checked="" type="checkbox"/>	3		5	5	3	PUBLIC WORKS SERVICES-ISF	MANAGEMENT ASSISTANT I
6500	1707	<input checked="" type="checkbox"/>	3		5	5	3	PUBLIC WORKS SERVICES-ISF	STAFF/SERVICES SPECIALIST I
6500	2	<input checked="" type="checkbox"/>	3		5	5	3	PUBLIC WORKS SERVICES-ISF	COUNTY WORKER - EXTRA HELP
6500	487	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	SUPERVISING REAL PROPERTY AGNT
6500	488	<input checked="" type="checkbox"/>	3		5	5	3	PUBLIC WORKS SERVICES-ISF	MANAGER-GIS
6500	1927	<input checked="" type="checkbox"/>	3		5	5	3	PUBLIC WORKS SERVICES-ISF	SURVEY TECHNICIAN IV
6500	628	<input checked="" type="checkbox"/>	3		5	5	3	PUBLIC WORKS SERVICES-ISF	SENIOR ENGINEER-UR
6500	629	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	SUPERVISING HYDROGRAPHER
6500	699	<input checked="" type="checkbox"/>	3		5	5	2	PUBLIC WORKS SERVICES-ISF	ENGINEERING TECH I
6500	890	<input checked="" type="checkbox"/>	3		5	5	3	PUBLIC WORKS SERVICES-ISF	MANAGER-FISCAL/ADMIN SERVICES IV
6550	30	<input checked="" type="checkbox"/>	3		5	5	3	PWA-WATER & SANITATION OP-ISF	ADMIN ASSISTANT I
6550	31	<input type="checkbox"/>	3		5	5	3	PWA-WATER & SANITATION OP-ISF	ADMIN ASSISTANT II
6550	34	<input checked="" type="checkbox"/>	3		5	5	3	PWA-WATER & SANITATION OP-ISF	ADMIN OFFICER I
6550	374	<input type="checkbox"/>	3		5	5	2	PWA-WATER & SANITATION OP-ISF	PUBLIC WORKS MAINT WORKER I
6550	377	<input type="checkbox"/>	3		5	5	2	PWA-WATER & SANITATION OP-ISF	PUBLIC WORKS MAINT WORKER II
6550	378	<input type="checkbox"/>	3		5	5	2	PWA-WATER & SANITATION OP-ISF	PUBLIC WORKS MAINT WORKER III

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
6550	424	<input type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	LABORATORY ASSISTANT
6550	566	<input checked="" type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	TECHNICAL SPECIALIST III-PH
6550	696	<input checked="" type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	ENGINEER IV
6550	701	<input type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	ENGINEERING TECH III
6550	1134	<input type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	CHIEF-PUBLIC WORKS MAINT I
6550	1136	<input checked="" type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	CHIEF-PUBLIC WORKS MAINT II
6550	1290	<input type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	FISCAL ASSISTANT I
6550	1291	<input type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	FISCAL ASSISTANT II
6550	1292	<input checked="" type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	FISCAL ASSISTANT III
6550	1332	<input type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	MANAGEMENT ASSISTANT II
6550	1345	<input checked="" type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	OFFICE ASSISTANT HI
6550	1448	<input checked="" type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	PUBLIC WORKS INSPECTOR III
6550	1614	<input checked="" type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	SENIOR ENGINEER
6550	1700	<input checked="" type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	MANAGER-WATER & SANITATION
6550	1749	<input checked="" type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	UTILITY WORKER TRAINEE
6550	1750	<input checked="" type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	UTILITY WORKER HELPER
6550	1751	<input checked="" type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	UTILITY WORKER I
6550	1752	<input checked="" type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	UTILITY WORKER II
6550	1753	<input checked="" type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	UTILITY WORKER III
6550	1754	<input checked="" type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	UTILITY WORKER IV
6550	1755	<input checked="" type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	UTILITY SUPERVISOR
6550	1756	<input checked="" type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	UTILITY LAB TECHNICIAN
6550	1823	<input type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	STUDENT AIDE
6550		<input type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	MANAGER - PW LABORATORY SERVICES
6550	1971	<input checked="" type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	MAINT WRKER TRAINEE-CW
6550	569	<input checked="" type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	TECHNICAL SPECIALIST IV-PH
6550	693	<input checked="" type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	ENGINEER I
6550	1293	<input checked="" type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	FISCAL ASSISTANT IV
6550	1333	<input checked="" type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	MANAGEMENT ASSISTANT III
6550	1443	<input checked="" type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	PUBLIC WORKS INSPECTOR I
6550	1491	<input checked="" type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	ADMIN ASSISTANT II-NE
6550	1608	<input checked="" type="checkbox"/>	3		5	5		PWA-WATER & SANITATION OP-ISF	MANAGER-PUBLIC WORKS LAB SVCS
6990	446	<input checked="" type="checkbox"/>	3		5	5		GSA-HEAVY EQUIPMENT	CHIEF-HEAVY EQUIPMENT
6990	801	<input type="checkbox"/>	3		5	5		GSA-HEAVY EQUIPMENT	GARAGE ATTENDANT
6990	865	<input checked="" type="checkbox"/>	3		5	5		GSA-HEAVY EQUIPMENT	HEAVY EQUIP MECHANIC II

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
6990	869	<input checked="" type="checkbox"/>	3		5	5	3	GSA-HEAVY EQUIPMENT	HEAVY EQUIP SERV WORKER
6990	1013	<input checked="" type="checkbox"/>	3		5	5	3	GSA-HEAVY EQUIPMENT	TRANSPORTATION OPERATOR
6990	1633	<input checked="" type="checkbox"/>	3		5	5	3	GSA-HEAVY EQUIPMENT	SENIOR HEAVY EQUIP MECHANIC
7000	689	<input type="checkbox"/>	3		5	5	2	GSA-HAZARDOUS MATERIALS ISF	INDUSTRIAL HYGIENIST
7020	31	<input checked="" type="checkbox"/>	3		5	5	3	GSA-TRANSPORTATION ISF	ADMIN ASSISTANT II
7020	42	<input checked="" type="checkbox"/>	3		5	5	3	GSA-TRANSPORTATION ISF	BODY/PAINT MECHANIC
7020	91	<input checked="" type="checkbox"/>	3		5	5	3	GSA-TRANSPORTATION ISF	SENIOR AUTO MECHANIC
7020	251	<input checked="" type="checkbox"/>	3		5	5	3	GSA-TRANSPORTATION ISF	AUTO MECHANIC II
7020	253	<input checked="" type="checkbox"/>	3		5	5	3	GSA-TRANSPORTATION ISF	AUTO SERVICE WORKER
7020	356	<input checked="" type="checkbox"/>	3		5	5	3	GSA-TRANSPORTATION ISF	CHIEF-TRANSPORTATION
7020	551	<input checked="" type="checkbox"/>	3		5	5	3	GSA-TRANSPORTATION ISF	SENIOR BODY/PAINT MECHANIC
7020	613	<input checked="" type="checkbox"/>	3		5	5	3	GSA-TRANSPORTATION ISF	MANAGER-TRANSPORT/HVY EQUIPMNT
7020	759	<input checked="" type="checkbox"/>	3		5	5	3	GSA-TRANSPORTATION ISF	FLEET PARTS SPECIALIST
7020	762	<input checked="" type="checkbox"/>	3		5	5	3	GSA-TRANSPORTATION ISF	SENIOR FLEET PARTS SPECIALIST
7020	801	<input checked="" type="checkbox"/>	3		5	5	3	GSA-TRANSPORTATION ISF	GARAGE ATTENDANT
7020	1291	<input type="checkbox"/>	3		5	5	3	GSA-TRANSPORTATION ISF	FISCAL ASSISTANT II
7020	1292	<input checked="" type="checkbox"/>	3		5	5	3	GSA-TRANSPORTATION ISF	FISCAL ASSISTANT III
7020	1332	<input checked="" type="checkbox"/>	3		5	5	3	GSA-TRANSPORTATION ISF	MANAGEMENT ASSISTANT II
7020	1345	<input checked="" type="checkbox"/>	3		5	5	3	GSA-TRANSPORTATION ISF	OFFICE ASSISTANT III
7020	761	<input checked="" type="checkbox"/>	3		5	5	3	GSA-TRANSPORTATION ISF	TIRE SPECIALIST
7030	133	<input type="checkbox"/>	3		5	5	3	GSA-WORKERS COMP	CLAIMS REPRESENTATIVE I
7030	134	<input type="checkbox"/>	3		5	5	2	GSA-WORKERS COMP	SAFETY OFFICER
7030	1032	<input type="checkbox"/>	3		5	5	2	GSA-WORKERS COMP	MANAGER-SAFETY/LOSS PREVENTION
7030	1043	<input type="checkbox"/>	3		5	5	3	GSA-WORKERS COMP	WORKER'S COMPENSATION ADJUSTER
7030	1344	<input type="checkbox"/>	3		5	5	3	GSA-WORKERS COMP	OFFICE ASSISTANT II
7040	9	<input checked="" type="checkbox"/>	3		5	5	3	GSA-ADMINISTRATION	ACCOUNTANT III
7040	33	<input checked="" type="checkbox"/>	3		5	5	3	GSA-ADMINISTRATION	ADMIN OFFICER II
7040	764	<input checked="" type="checkbox"/>	3		5	5	3	GSA-ADMINISTRATION	DIRECTOR GENERAL SERVICES AGENCY
7040	767	<input checked="" type="checkbox"/>	3		5	5	3	GSA-ADMINISTRATION	DEPUTY DIRECTOR GEN SRVS AGENCY
7040	888	<input type="checkbox"/>	3		5	5	3	GSA-ADMINISTRATION	MANAGER-FISCAL/ADMIN SERVICES II
7040	1024	<input type="checkbox"/>	3		5	5	3	GSA-ADMINISTRATION	OFFICE SYSTEMS COORDINATOR III
7040	1272	<input checked="" type="checkbox"/>	3		5	5	3	GSA-ADMINISTRATION	CLERICAL SERVICE MANAGER
7040	1291	<input type="checkbox"/>	3		5	5	3	GSA-ADMINISTRATION	FISCAL ASSISTANT II
7040	1292	<input checked="" type="checkbox"/>	3		5	5	3	GSA-ADMINISTRATION	FISCAL ASSISTANT III
7040	1293	<input type="checkbox"/>	3		5	5	3	GSA-ADMINISTRATION	FISCAL ASSISTANT IV

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
7040	1333	<input checked="" type="checkbox"/>	3		5	5	3	GSA-ADMINISTRATION	MANAGEMENT ASSISTANT III
7040	1339	<input checked="" type="checkbox"/>	3		5	5	3	GSA-ADMINISTRATION	OFFICE ASSISTANT I
7040	1344	<input type="checkbox"/>	3		5	5	3	GSA-ADMINISTRATION	OFFICE ASSISTANT II
7040	1345	<input checked="" type="checkbox"/>	3		5	5	3	GSA-ADMINISTRATION	OFFICE ASSISTANT III
7040	1347	<input checked="" type="checkbox"/>	3		5	5	3	GSA-ADMINISTRATION	OFFICE ASSISTANT IV
7040	1548	<input checked="" type="checkbox"/>	3		5	5	3	GSA-ADMINISTRATION	SENIOR ACCOUNTANT
7040	1711	<input type="checkbox"/>	3		5	5	3	GSA-ADMINISTRATION	STAFF/SERVICES MANAGER III
7040	1823	<input checked="" type="checkbox"/>	3		5	5	3	GSA-ADMINISTRATION	STUDENT AIDE
7040	1621	<input checked="" type="checkbox"/>	3		5	5	3	GSA-ADMINISTRATION	OFFICE SYSTEM COORDINATOR IV
7040	1970	<input checked="" type="checkbox"/>	3		5	5	3	GSA-ADMINISTRATION	OFFICE SUPP WORKER-CW
7040	889	<input checked="" type="checkbox"/>	3		5	5	3	GSA-ADMINISTRATION	MANAGER-FISCAL/ADMIN SERVICES III
7040	1296	<input checked="" type="checkbox"/>	3		5	5	3	GSA-ADMINISTRATION	FISCAL TECHNICIAN II
7050	134	<input type="checkbox"/>	3		5	5	2	GSA-RISK MGMT ADMIN	SAFETY OFFICER
7050	767	<input checked="" type="checkbox"/>	3		5	5	3	GSA-RISK MGMT ADMIN	DEPUTY DIRECTOR GEN SRVS AGENCY
7050	1709	<input checked="" type="checkbox"/>	3		5	5	3	GSA-RISK MGMT ADMIN	STAFF/SERVICES MANAGER I
7050	1710	<input checked="" type="checkbox"/>	3		5	5	3	GSA-RISK MGMT ADMIN	STAFF/SERVICES MANAGER II
7050	1739	<input checked="" type="checkbox"/>	3		5	5	3	GSA-RISK MGMT ADMIN	RISK ANALYST
7050	1741	<input checked="" type="checkbox"/>	3		5	5	3	GSA-RISK MGMT ADMIN	INSURANCE ANALYST
7050	1742	<input checked="" type="checkbox"/>	3		5	5	2	GSA-RISK MGMT ADMIN	LOSS/PREVENTION SPECIALIST
7050	5277	<input checked="" type="checkbox"/>	3		5	5	3	GSA-RISK MGMT ADMIN	RISK SPECIALIST-TC
7060	151	<input checked="" type="checkbox"/>	3		5	5	3	GSA-BUSINESS SUPPORT	GRAPHICS TECHNICIAN IV
7060	152	<input checked="" type="checkbox"/>	3		5	5	3	GSA-BUSINESS SUPPORT	GRAPHICS TECHNICIAN III
7060	1822	<input checked="" type="checkbox"/>	3		5	5	3	GSA-BUSINESS SUPPORT	STUDENT WORKER II
7060	148	<input checked="" type="checkbox"/>	3		5	5	3	GSA-BUSINESS SUPPORT	CENTRAL STORES SUPERVISOR
7060	153	<input checked="" type="checkbox"/>	3		5	5	3	GSA-BUSINESS SUPPORT	GRAPHICS TECHNICIAN II
7060	1271	<input checked="" type="checkbox"/>	3		5	5	3	GSA-BUSINESS SUPPORT	CLERICAL SUPERVISOR III
7060	1285	<input checked="" type="checkbox"/>	3		5	5	3	GSA-BUSINESS SUPPORT	COURIER II
7060	1286	<input checked="" type="checkbox"/>	3		5	5	3	GSA-BUSINESS SUPPORT	COURIER III
7060	1313	<input checked="" type="checkbox"/>	3		5	5	3	GSA-BUSINESS SUPPORT	INVENTORY MANAGEMENT ASSISTANT II
7060	1315	<input checked="" type="checkbox"/>	3		5	5	3	GSA-BUSINESS SUPPORT	INVENTORY MANAGEMENT ASSISTANT III
7060	1431	<input checked="" type="checkbox"/>	3		5	5	3	GSA-BUSINESS SUPPORT	PURCHASING TECHNICIAN
7060	1707	<input checked="" type="checkbox"/>	3		5	5	3	GSA-BUSINESS SUPPORT	STAFF/SERVICES SPECIALIST I
7060	1711	<input checked="" type="checkbox"/>	3		5	5	3	GSA-BUSINESS SUPPORT	STAFF/SERVICES MANAGER III
7070	30	<input type="checkbox"/>	3		5	5	3	GSA-PROCUREMENT SERVICES	ADMIN ASSISTANT I
7070	148	<input type="checkbox"/>	3		5	5	3	GSA-PROCUREMENT SERVICES	CENTRAL STORES SUPERVISOR

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7070	151	<input type="checkbox"/>	3		5	5	3	GSA-PROCUREMENT SERVICES	GRAPHICS TECHNICIAN IV
7070	459	<input checked="" type="checkbox"/>	3		5	5	3	GSA-PROCUREMENT SERVICES	MANAGER-MATERIALS
7070	1174	<input type="checkbox"/>	3		5	5	3	GSA-PROCUREMENT SERVICES	SENIOR PROGRAM ADMINISTRATOR
7070	1284	<input type="checkbox"/>	3		5	5	3	GSA-PROCUREMENT SERVICES	COURIER I
7070	1285	<input checked="" type="checkbox"/>	3		5	5	3	GSA-PROCUREMENT SERVICES	COURIER II
7070	1313	<input type="checkbox"/>	3		5	5	3	GSA-PROCUREMENT SERVICES	INVENTORY MANAGEMENT ASSISTANT II
7070	1315	<input type="checkbox"/>	3		5	5	3	GSA-PROCUREMENT SERVICES	INVENTORY MANAGEMENT ASSISTANT III
7070	1332	<input checked="" type="checkbox"/>	3		5	5	3	GSA-PROCUREMENT SERVICES	MANAGEMENT ASSISTANT II
7070	1345	<input type="checkbox"/>	3		5	5	3	GSA-PROCUREMENT SERVICES	OFFICE ASSISTANT III
7070	1431	<input checked="" type="checkbox"/>	3		5	5	3	GSA-PROCUREMENT SERVICES	PURCHASING TECHNICIAN
7070	1573	<input checked="" type="checkbox"/>	3		5	5	3	GSA-PROCUREMENT SERVICES	SENIOR BUYER
7070	1607	<input checked="" type="checkbox"/>	3		5	5	3	GSA-PROCUREMENT SERVICES	PRINCIPAL BUYER
7070	1823	<input checked="" type="checkbox"/>	3		5	5	3	GSA-PROCUREMENT SERVICES	STUDENT AIDE
7070	290	<input checked="" type="checkbox"/>	3		5	5	3	GSA-PROCUREMENT SERVICES	BUYER
7070	1093	<input checked="" type="checkbox"/>	3		5	5	3	GSA-PROCUREMENT SERVICES	CHIEF-MATERIALS
7080	748	<input checked="" type="checkbox"/>	3		5	5	3	GSA-SPECIAL SERVICES	PROGRAM ADMINISTRATOR III
7080	1332	<input checked="" type="checkbox"/>	3		5	5	3	GSA-SPECIAL SERVICES	MANAGEMENT ASSISTANT II
7080	1345	<input type="checkbox"/>	3		5	5	3	GSA-SPECIAL SERVICES	OFFICE ASSISTANT III
7080	569	<input checked="" type="checkbox"/>	3		5	5	3	GSA-SPECIAL SERVICES	TECHNICAL SPECIALIST IV-PH
7090	1270	<input type="checkbox"/>	3		5	5	3	GSA-MAIL CENTER	CLERICAL SUPERVISOR II
7090	1285	<input checked="" type="checkbox"/>	3		5	5	3	GSA-MAIL CENTER	COURIER II
7090	1286	<input type="checkbox"/>	3		5	5	3	GSA-MAIL CENTER	COURIER III
7100	34	<input type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	ADMIN OFFICER I
7100	179	<input checked="" type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	AIR CONDITIONING/HEATING MECH
7100	266	<input checked="" type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	BUILDING EQUIP UTILITY WORKER
7100	482	<input type="checkbox"/>	2,1,5		5	5	2	GSA-FACILITIES-ISF	CUSTODIAN II
7100	493	<input checked="" type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	DATA ENTRY OPERATOR III
7100	564	<input type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	TECHNICAL SPECIALIST II-PI
7100	600	<input type="checkbox"/>	3		5	5	2	GSA-FACILITIES-ISF	MAINT WORKER II
7100	744	<input checked="" type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	FINISH CARPENTER
7100	766	<input type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	CHIEF-DEPUTY DIRECTOR-GEN SVCS AGY
7100	847	<input checked="" type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	BUILDING INTERIORS SPECIALIST I
7100	998	<input checked="" type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	ENERGY MANAGER
7100	1010	<input checked="" type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	EQUIPMENT OPERATOR II
7100	1014	<input checked="" type="checkbox"/>	3		5	5	2	GSA-FACILITIES-ISF	MAINT ENGINEER

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7100	1024	<input checked="" type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	OFFICE SYSTEMS COORDINATOR III
7100	1092	<input checked="" type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	LOCKSMITH
7100	1135	<input type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	MAINT CARPENTER
7100	1140	<input checked="" type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	MAINT ELECTRICIAN
7100	1145	<input checked="" type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	MAINT PAINTER
7100	1151	<input checked="" type="checkbox"/>	2	1	5	5	2	GSA-FACILITIES-ISF	MAINT PLUMBER
7100	1265	<input type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	FACILITIES ENGINEER
7100	1266	<input checked="" type="checkbox"/>	3		5	5	2	GSA-FACILITIES-ISF	PRINCIPAL MAINTENANCE ENGINEER
7100	1278	<input type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	COMMUNICATIONS OPERATOR II
7100	1313	<input checked="" type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	INVENTORY MANAGEMENT ASSISTANT II
7100	1332	<input checked="" type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	MANAGEMENT ASSISTANT II
7100	1333	<input checked="" type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	MANAGEMENT ASSISTANT III
7100	1345	<input type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	OFFICE ASSISTANT III
7100	1500	<input type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	TELECOMMUNICATIONS NETWORK SPEC I
7100	1501	<input checked="" type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	TELECOMMUNICATIONS NETWORK SPEC II
7100	1599	<input checked="" type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	FACILITY OPERATION SPECIALIST I
7100	1601	<input checked="" type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	FACILITY OPERATION SPECIALIST II
7100	1602	<input checked="" type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	FACILITY PROJECT MANAGER
7100	1603	<input checked="" type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	FACILITY PROJECT SPECIALIST
7100	1661	<input type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	SENIOR MAINT ELECTRICIAN
7100	1714	<input checked="" type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	SENIOR PARTS SPECIALIST
7100	1742	<input checked="" type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	LOSS/PREVENTION SPECIALIST
7100	417	<input checked="" type="checkbox"/>	3		5	5	2	GSA-FACILITIES-ISF	PRINCIPAL ENGINEER
7100	599	<input checked="" type="checkbox"/>	3		5	5	2	GSA-FACILITIES-ISF	MAINT WORKER III
7100	1279	<input checked="" type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	COMMUNICATIONS OPERATOR III
7100	1292	<input checked="" type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	FISCAL ASSISTANT III
7100	1344	<input checked="" type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	OFFICE ASSISTANT II
7100	1491	<input checked="" type="checkbox"/>	3		5	5	3	GSA-FACILITIES-ISF	ADMIN ASSISTANT II-NE
7110	20	<input type="checkbox"/>	3		5	5	3	GSA-HOUSEKPG/GROUNDS	ADMIN AIDE
7110	481	<input type="checkbox"/>	2	1,5	5	5	2	GSA-HOUSEKPG/GROUNDS	CUSTODIAN I
7110	482	<input checked="" type="checkbox"/>	2	1,5	5	5	2	GSA-HOUSEKPG/GROUNDS	CUSTODIAN II
7110	485	<input checked="" type="checkbox"/>	2	1,5	5	5	2	GSA-HOUSEKPG/GROUNDS	CUSTODIAN III
7110	595	<input checked="" type="checkbox"/>	3		5	5	2	GSA-HOUSEKPG/GROUNDS	MAINT SUPERVISOR
7110	849	<input checked="" type="checkbox"/>	2	1,5	5	5	2	GSA-HOUSEKPG/GROUNDS	GSA CUST SUPVR
7110	852	<input type="checkbox"/>	3		5	5	2	GSA-HOUSEKPG/GROUNDS	GSA MNT WKR I

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
7110	853	<input checked="" type="checkbox"/>	3		5		2	GSA-HOUSEKPG/GROUNDS	GSA MNT WKR II
7110	1332	<input checked="" type="checkbox"/>	3		5		3	GSA-HOUSEKPG/GROUNDS	MANAGEMENT ASSISTANT II
7110	1490	<input checked="" type="checkbox"/>	3		5		3	GSA-HOUSEKPG/GROUNDS	ADMIN ASSISTANT I-NE
7110	1709	<input checked="" type="checkbox"/>	3		5		3	GSA-HOUSEKPG/GROUNDS	STAFF/SERVICES MANAGER I
7110	2	<input checked="" type="checkbox"/>	3		5		3	GSA-HOUSEKPG/GROUNDS	COUNTY WORKER - EXTRA HELP
7120	972	<input checked="" type="checkbox"/>	3		5		2	GSA-REAL PROPERTY SERVICES	REAL PROPERTY AGENT III
7120	1173	<input checked="" type="checkbox"/>	3		5		3	GSA-REAL PROPERTY SERVICES	PROGRAM ASSISTANT
7120	1333	<input checked="" type="checkbox"/>	3		5		3	GSA-REAL PROPERTY SERVICES	MANAGEMENT ASSISTANT III
7120	1642	<input checked="" type="checkbox"/>	3		5		3	GSA-REAL PROPERTY SERVICES	PROGRAM MANAGEMENT ANALYST
7130	599	<input type="checkbox"/>	2 1,5		5		2	GSA- PARKS DEPARTMENT	MAINT WORKER III
7130	600	<input checked="" type="checkbox"/>	2 1,5		5		2	GSA- PARKS DEPARTMENT	MAINT WORKER II
7130	601	<input checked="" type="checkbox"/>	2 1,5		5		2	GSA- PARKS DEPARTMENT	MAINT WORKER I
7130	622	<input type="checkbox"/>	3		5		3	GSA- PARKS DEPARTMENT	PROGRAM ADMINISTRATOR I
7130	623	<input type="checkbox"/>	3		5		3	GSA- PARKS DEPARTMENT	PROGRAM ADMINISTRATOR II
7130	696	<input type="checkbox"/>	3		5		2	GSA- PARKS DEPARTMENT	ENGINEER IV
7130	748	<input checked="" type="checkbox"/>	3		5		3	GSA- PARKS DEPARTMENT	PROGRAM ADMINISTRATOR III
7130	767	<input type="checkbox"/>	3		5		3	GSA- PARKS DEPARTMENT	DEPUTY DIRECTOR GEN SRVS AGENCY
7130	771	<input type="checkbox"/>	2 1,5		5		2	GSA- PARKS DEPARTMENT	MANAGER-FACILITIES MAINTENANCE
7130	776	<input checked="" type="checkbox"/>	3		5		2	GSA- PARKS DEPARTMENT	PARKS OPERATIONS SUPERVISOR
7130	846	<input type="checkbox"/>	3		5		2	GSA- PARKS DEPARTMENT	MANAGER-PARKS
7130	864	<input type="checkbox"/>	1		5		1	GSA- PARKS DEPARTMENT	PARK RANGER I
7130	866	<input type="checkbox"/>	1		5		1	GSA- PARKS DEPARTMENT	PARK RANGER II
7130	876	<input type="checkbox"/>	1		5		1	GSA- PARKS DEPARTMENT	HARBOR PATROL OFFICER II
7130	1010	<input checked="" type="checkbox"/>	3		5		3	GSA- PARKS DEPARTMENT	EQUIPMENT OPERATOR II
7130	1090	<input checked="" type="checkbox"/>	3		5		3	GSA- PARKS DEPARTMENT	PUBLIC WORKS MAINT WORKER SPEC
7130	1344	<input type="checkbox"/>	3		5		3	GSA- PARKS DEPARTMENT	OFFICE ASSISTANT II
7130	1823	<input type="checkbox"/>	3		5		3	GSA- PARKS DEPARTMENT	STUDENT AIDE
7130	2	<input checked="" type="checkbox"/>	3		5		3	GSA- PARKS DEPARTMENT	COUNTY WORKER - EXTRA HELP
7130	602	<input checked="" type="checkbox"/>	1		5		1	GSA- PARKS DEPARTMENT	PARK SERVICES RANGER I
7130	603	<input checked="" type="checkbox"/>	1		5		1	GSA- PARKS DEPARTMENT	PARK SERVICES RANGER II
7130	845	<input checked="" type="checkbox"/>	2 1,3		5		2	GSA- PARKS DEPARTMENT	MANAGER-PARKS/OPERATIONS
7130	1011	<input checked="" type="checkbox"/>	3		5		3	GSA- PARKS DEPARTMENT	EQUIPMENT OPERATOR III
7130	1345	<input checked="" type="checkbox"/>	3		5		3	GSA- PARKS DEPARTMENT	OFFICE ASSISTANT III
7230	132	<input checked="" type="checkbox"/>	3		5		3	ISD-TELECOMMUNICATIONS - ISF	SENIOR INFORM SYSTEMS SPPT ANLST
7230	1269	<input checked="" type="checkbox"/>	3		5		3	ISD-TELECOMMUNICATIONS - ISF	CLERICAL SUPERVISOR I

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
7230	1277	<input type="checkbox"/>	3		5	5	3	ISD-TELECOMMUNICATIONS - ISF	COMMUNICATIONS OPERATER I
7230	1278	<input checked="" type="checkbox"/>	3		5	5	3	ISD-TELECOMMUNICATIONS - ISF	COMMUNICATIONS OPERATOR II
7230	1291	<input type="checkbox"/>	3		5	5	3	ISD-TELECOMMUNICATIONS - ISF	FISCAL ASSISTANT II
7230	1499	<input type="checkbox"/>	3		5	5	2	ISD-TELECOMMUNICATIONS - ISF	TELECOMMUNICATIONS NETWORK INSTLR
7230	1500	<input checked="" type="checkbox"/>	3		5	5	2	ISD-TELECOMMUNICATIONS - ISF	TELECOMMUNICATIONS NETWORK SPEC I
7230	1501	<input checked="" type="checkbox"/>	3		5	5	2	ISD-TELECOMMUNICATIONS - ISF	TELECOMMUNICATIONS NETWORK SPEC II
7230	1502	<input checked="" type="checkbox"/>	3		5	5	2	ISD-TELECOMMUNICATIONS - ISF	TELECOMMUNICATIONS NETWORK SPEC III
7230	1503	<input checked="" type="checkbox"/>	3		5	5	2	ISD-TELECOMMUNICATIONS - ISF	TELECOMMUNICATIONS NETWORK SUPVR
7230	1504	<input checked="" type="checkbox"/>	3		5	5	2	ISD-TELECOMMUNICATIONS - ISF	TELECOMMUNICATIONS NETWORK ANLST I
7230	1505	<input checked="" type="checkbox"/>	3		5	5	2	ISD-TELECOMMUNICATIONS - ISF	TELECOMMUNICATIONS NETWORK ANLST II
7230	1506	<input checked="" type="checkbox"/>	3		5	5	2	ISD-TELECOMMUNICATIONS - ISF	TELECOMMUNICATIONS NETWRK ANLST III
7230	1507	<input checked="" type="checkbox"/>	3		5	5	2	ISD-TELECOMMUNICATIONS - ISF	CHIEF-ISD TELECOMMUNICATIONS
7230	1508	<input checked="" type="checkbox"/>	3		5	5	2	ISD-TELECOMMUNICATIONS - ISF	MANAGER-ISD TELECOMMUNICATIONS
7230	1701	<input type="checkbox"/>	3		5	5	2	ISD-TELECOMMUNICATIONS - ISF	TELECOMMUNICATIONS NETWORK INSTLR I
7230	1704	<input checked="" type="checkbox"/>	3		5	5	2	ISD-TELECOMMUNICATIONS - ISF	TELECOMMUNICATIONS NETWORK INSTLR II
7230	567	<input checked="" type="checkbox"/>	3		5	5	3	ISD-TELECOMMUNICATIONS - ISF	TECHNICAL SPECIALIST III-PI
7230	1279	<input checked="" type="checkbox"/>	3		5	5	3	ISD-TELECOMMUNICATIONS - ISF	COMMUNICATIONS OPERATOR III
7230	1706	<input checked="" type="checkbox"/>	3		5	5	3	ISD-TELECOMMUNICATIONS - ISF	DATA COMMUNICATIONS SPECIALIST
7230	1823	<input checked="" type="checkbox"/>	3		5	5	3	ISD-TELECOMMUNICATIONS - ISF	STUDENT AIDE
7230	2017	<input checked="" type="checkbox"/>	3		5	5	3	ISD-TELECOMMUNICATIONS - ISF	SYSTEMS ASSOCIATE-LB II
7240	9	<input type="checkbox"/>	3		5	5	3	INFORMATION SYSTEMS - ISF	ACCOUNTANT III
7240	120	<input checked="" type="checkbox"/>	3		5	5	3	INFORMATION SYSTEMS - ISF	DATA TECHNICIAN I
7240	132	<input checked="" type="checkbox"/>	3		5	5	3	INFORMATION SYSTEMS - ISF	SENIOR INFORM SYSTEMS SPPT ANLST
7240	262	<input type="checkbox"/>	3		5	5	3	INFORMATION SYSTEMS - ISF	DIRECTOR INFORMATION SYSTEMS
7240	274	<input checked="" type="checkbox"/>	3		5	5	3	INFORMATION SYSTEMS - ISF	COMPUTER OPERATIONS SUPERVISOR
7240	415	<input checked="" type="checkbox"/>	3		5	5	3	INFORMATION SYSTEMS - ISF	COMPUTER OPERATOR
7240	588	<input checked="" type="checkbox"/>	3		5	5	3	INFORMATION SYSTEMS - ISF	ASSIST DIR INFORMATION SYSTEMS
7240	589	<input checked="" type="checkbox"/>	3		5	5	3	INFORMATION SYSTEMS - ISF	MANAGER-COMPUTER OPERATIONS
7240	680	<input checked="" type="checkbox"/>	3		5	5	3	INFORMATION SYSTEMS - ISF	INFORMATION SYSTEMS ANALYST
7240	888	<input checked="" type="checkbox"/>	3		5	5	3	INFORMATION SYSTEMS - ISF	MANAGER-FISCAL/ADMIN SERVICES II
7240	1004	<input type="checkbox"/>	3		5	5	3	INFORMATION SYSTEMS - ISF	PROGRAMMER II
7240	1005	<input checked="" type="checkbox"/>	3		5	5	3	INFORMATION SYSTEMS - ISF	PROGRAMMER III
7240	1006	<input checked="" type="checkbox"/>	3		5	5	3	INFORMATION SYSTEMS - ISF	SENIOR PROGRAMMER
7240	1007	<input checked="" type="checkbox"/>	3		5	5	3	INFORMATION SYSTEMS - ISF	DATA TECHNICIAN IV
7240	1008	<input checked="" type="checkbox"/>	3		5	5	3	INFORMATION SYSTEMS - ISF	MANAGER-ISD PROJECT

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
7240	1022	<input type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	OFFICE SYSTEMS COORDINATOR I
7240	1273	<input type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	CLERICAL TRAINEE
7240	1291	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	FISCAL ASSISTANT II
7240	1292	<input type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	FISCAL ASSISTANT III
7240	1293	<input type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	FISCAL ASSISTANT IV
7240	1296	<input type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	FISCAL TECHNICIAN II
7240	1315	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	INVENTORY MANAGEMENT ASSISTANT III
7240	1338	<input type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	MANAGEMENT ASSISTANT IV-CONF
7240	1344	<input type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	OFFICE ASSISTANT II
7240	1345	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	OFFICE ASSISTANT III
7240	1347	<input type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	OFFICE ASSISTANT IV
7240	1350	<input type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	OFFICE ASSISTANT III-CONF
7240	1375	<input type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	OFFICE SYSTEMS ANALYST I
7240	1415	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	INFORMATION SYSTEMS PROG-ANL
7240	1547	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	DATA SYSTEMS MANAGER
7240	1548	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	SENIOR ACCOUNTANT
7240	1549	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	SENIOR DATA SYSTEMS ANALYST
7240	1550	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	DATA SYSTEMS ANALYST
7240	1553	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	CLIENT LAN ADMINISTRATOR
7240	1586	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	SENIOR COMPUTER OPERATOR
7240	1612	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	SENIOR INFORM SYSTEMS ANALYST
7240	1617	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	MANAGER-APPLICATION DEVELOPMENT
7240	1619	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	MANAGER-TECHNICAL SERVICES
7240	1747	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	APPLICATIONS ARCHITECT/SUPERVISOR
7240	1821	<input type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	STUDENT WORKER I
7240	1822	<input type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	STUDENT WORKER II
7240	1861	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	CLIENT LAN ADMINISTRATOR II
7240	1862	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	OFFICE SYS SUPPORT ANALYST I
7240	1936	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	MANAGER-SYSTEMS & PROGRAM
7240	1937	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	INFORMATION SYSTEMS SPPT ANL
7240	1337	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	MANAGEMENT ASSISTANT III-CONF
7240	1655	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	CHIEF INFORMATION OFFICER
7240	1823	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	STUDENT AIDE
7240	1863	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	OFFICE SYS SUPPORT ANALYST II
7240	1865	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	INFO SYSTEM SUPPORT ANALYST II

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7240	1866	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	PRIN INFO SYSTEM SUPPORT ANALYST
7240	1867	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	PRIN APP ARCH/SUPERVISOR
7240	2016	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	SYSTEMS ASSOCIATE-LB I
7240	2017	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	SYSTEMS ASSOCIATE-LB II
7240	1003	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	PROGRAMMER I
7240	1018	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	ACCOUNTING SPECIALIST II
7240	1279	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	COMMUNICATIONS OPERATOR III
7240	1290	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	FISCAL ASSISTANT I
7240	1295	<input checked="" type="checkbox"/>	3		5		3	INFORMATION SYSTEMS - ISF	FISCAL TECHNICIAN I
7320	598	<input checked="" type="checkbox"/>	2	1,5	5		2	OXNARD AIRPORT	MAINT WORKER IV
7320	599	<input checked="" type="checkbox"/>	2	1,5	5		2	OXNARD AIRPORT	MAINT WORKER III
7320	600	<input checked="" type="checkbox"/>	2	1,5	5		2	OXNARD AIRPORT	MAINT WORKER II
7320	1611	<input checked="" type="checkbox"/>	3		5		3	OXNARD AIRPORT	ADMIN ASST III
7320	1656	<input checked="" type="checkbox"/>	1		5		1	OXNARD AIRPORT	AIRPORT OPERATIONS OFFICER
7330	33	<input type="checkbox"/>	3		5		3	CAMARILLO AIRPORT	ADMIN OFFICER II
7330	34	<input checked="" type="checkbox"/>	3		5		3	CAMARILLO AIRPORT	ADMIN OFFICER I
7330	595	<input checked="" type="checkbox"/>	2	1,5	5		2	CAMARILLO AIRPORT	MAINT SUPERVISOR
7330	598	<input checked="" type="checkbox"/>	2	1,5	5		2	CAMARILLO AIRPORT	MAINT WORKER IV
7330	599	<input checked="" type="checkbox"/>	2	1,5	5		2	CAMARILLO AIRPORT	MAINT WORKER III
7330	600	<input checked="" type="checkbox"/>	2	1,5	5		2	CAMARILLO AIRPORT	MAINT WORKER II
7330	622	<input type="checkbox"/>	3		5		3	CAMARILLO AIRPORT	PROGRAM ADMINISTRATOR I
7330	695	<input type="checkbox"/>	3		5		3	CAMARILLO AIRPORT	ENGINEER III
7330	1292	<input type="checkbox"/>	3		5		3	CAMARILLO AIRPORT	FISCAL ASSISTANT III
7330	1293	<input checked="" type="checkbox"/>	3		5		3	CAMARILLO AIRPORT	FISCAL ASSISTANT IV
7330	1295	<input checked="" type="checkbox"/>	3		5		3	CAMARILLO AIRPORT	FISCAL TECHNICIAN I
7330	1332	<input checked="" type="checkbox"/>	3		5		3	CAMARILLO AIRPORT	MANAGEMENT ASSISTANT II
7330	1338	<input checked="" type="checkbox"/>	3		5		3	CAMARILLO AIRPORT	MANAGEMENT ASSISTANT IV-CONF
7330	1382	<input type="checkbox"/>	3		5		3	CAMARILLO AIRPORT	AIRPORT FACILITIES MANAGER
7330	1548	<input checked="" type="checkbox"/>	3		5		3	CAMARILLO AIRPORT	SENIOR ACCOUNTANT
7330	1611	<input checked="" type="checkbox"/>	3		5		3	CAMARILLO AIRPORT	ADMIN ASST III
7330	1653	<input checked="" type="checkbox"/>	3		5		3	CAMARILLO AIRPORT	DIRECTOR AIRPORTS
7330	1654	<input checked="" type="checkbox"/>	3		5		3	CAMARILLO AIRPORT	DEPUTY DIRECTOR AIRPORTS
7330	1656	<input checked="" type="checkbox"/>	1		5		1	CAMARILLO AIRPORT	AIRPORT OPERATIONS OFFICER
7330	1657	<input type="checkbox"/>	3		5		3	CAMARILLO AIRPORT	SAFETY/TRAINING OFFICER
7330	9	<input checked="" type="checkbox"/>	3		5		3	CAMARILLO AIRPORT	ACCOUNTANT III

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7330	601	<input checked="" type="checkbox"/>	2	1,5	5	5	2	CAMARILLO AIRPORT	MAINT WORKER I
7330	1610	<input checked="" type="checkbox"/>	3		5	5	3	CAMARILLO AIRPORT	DEPARTMENT FISCAL OFFICER II
7430	128	<input type="checkbox"/>	3		5	5	3	HARBOR ADMINISTRATION	FINANCIAL ANALYST
7430	566	<input type="checkbox"/>	3		5	5	3	HARBOR ADMINISTRATION	TECHNICAL SPECIALIST III-PH
7430	569	<input checked="" type="checkbox"/>	3		5	5	3	HARBOR ADMINISTRATION	TECHNICAL SPECIALIST IV-PH
7430	595	<input checked="" type="checkbox"/>	2	1,5	5	5	2	HARBOR ADMINISTRATION	MAINT SUPERVISOR
7430	599	<input type="checkbox"/>	2	1,5	5	5	2	HARBOR ADMINISTRATION	MAINT WORKER III
7430	600	<input checked="" type="checkbox"/>	2	1,5	5	5	2	HARBOR ADMINISTRATION	MAINT WORKER II
7430	601	<input checked="" type="checkbox"/>	2	1,5	5	5	2	HARBOR ADMINISTRATION	MAINT WORKER I
7430	875	<input checked="" type="checkbox"/>	1		5	5	1	HARBOR ADMINISTRATION	HARBOR PATROL OFFICER I
7430	876	<input checked="" type="checkbox"/>	1		5	5	1	HARBOR ADMINISTRATION	HARBOR PATROL OFFICER II
7430	1071	<input type="checkbox"/>	1		5	5	1	HARBOR ADMINISTRATION	LIFEGUARD I
7430	1072	<input type="checkbox"/>	1		5	5	1	HARBOR ADMINISTRATION	LIFEGUARD II
7430	1292	<input checked="" type="checkbox"/>	3		5	5	3	HARBOR ADMINISTRATION	FISCAL ASSISTANT III
7430	1295	<input type="checkbox"/>	3		5	5	3	HARBOR ADMINISTRATION	FISCAL TECHNICIAN I
7430	1332	<input type="checkbox"/>	3		5	5	3	HARBOR ADMINISTRATION	MANAGEMENT ASSISTANT II
7430	1338	<input checked="" type="checkbox"/>	3		5	5	3	HARBOR ADMINISTRATION	MANAGEMENT ASSISTANT IV-CONF
7430	1491	<input type="checkbox"/>	3		5	5	3	HARBOR ADMINISTRATION	ADMIN ASSISTANT II-NE
7430	1548	<input type="checkbox"/>	3		5	5	3	HARBOR ADMINISTRATION	SENIOR ACCOUNTANT
7430	1660	<input type="checkbox"/>	1		5	5	1	HARBOR ADMINISTRATION	SENIOR LIFEGUARD
7430	1670	<input checked="" type="checkbox"/>	3		5	5	3	HARBOR ADMINISTRATION	DIRECTOR HARBOR
7430	1672	<input checked="" type="checkbox"/>	3		5	5	3	HARBOR ADMINISTRATION	DEPUTY DIRECTOR HARBOR
7430	1733	<input checked="" type="checkbox"/>	1		5	5	1	HARBOR ADMINISTRATION	HARBORMASTER
7430	1734	<input checked="" type="checkbox"/>	1		5	5	1	HARBOR ADMINISTRATION	HARBOR PATROL OFFICER TRAINEE
7430	1783	<input type="checkbox"/>	1		5	5	1	HARBOR ADMINISTRATION	HARBOR PATROL OFFICER III
7430	2	<input checked="" type="checkbox"/>	3		5	5	3	HARBOR ADMINISTRATION	COUNTY WORKER - EXTRA HELP
7430	878	<input checked="" type="checkbox"/>	3		5	5	3	HARBOR ADMINISTRATION	HARBOR LEASE MANAGER
7430	1157	<input checked="" type="checkbox"/>	3		5	5	3	HARBOR ADMINISTRATION	COMMUNITY SERVICE WORKER II
7430	1158	<input checked="" type="checkbox"/>	3		5	5	3	HARBOR ADMINISTRATION	COMMUNITY SERVICE WORKER III
7430	1333	<input checked="" type="checkbox"/>	3		5	5	3	HARBOR ADMINISTRATION	MANAGEMENT ASSISTANT III
7430	1345	<input checked="" type="checkbox"/>	3		5	5	3	HARBOR ADMINISTRATION	OFFICE ASSISTANT III
7430	1610	<input checked="" type="checkbox"/>	3		5	5	3	HARBOR ADMINISTRATION	DEPARTMENT FISCAL OFFICER II
7430	1708	<input checked="" type="checkbox"/>	3		5	5	3	HARBOR ADMINISTRATION	STAFF/SERVICES SPECIALIST II
7430	1966	<input checked="" type="checkbox"/>	3		5	5	3	HARBOR ADMINISTRATION	HARBOR MARKETING SPECIALIST
7500	129	<input checked="" type="checkbox"/>	3		5	5	3	VENTURA CO FIRE PROTEC DISTR	SUPERVISING ACCOUNTANT

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
7500	324	<input checked="" type="checkbox"/>	1		3		1	VENTURA CO FIRE PROTEC DISTR	FIRE CONTROL WORKER
7500	325	<input checked="" type="checkbox"/>	1		3		1	VENTURA CO FIRE PROTEC DISTR	SENIOR FIRE CONTROL WORKER
7500	336	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	COMPUTER AIDED MAPPING ANALYST
7500	369	<input checked="" type="checkbox"/>	1		3		1	VENTURA CO FIRE PROTEC DISTR	FIRE CREW SUPERVISOR
7500	465	<input checked="" type="checkbox"/>	1		3		1	VENTURA CO FIRE PROTEC DISTR	COUNTY FIRE CHIEF
7500	493	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	DATA ENTRY OPERATOR III
7500	521	<input checked="" type="checkbox"/>	3		3		3	VENTURA CO FIRE PROTEC DISTR	TECHNICAL SPECIALIST IV-MB
7500	622	<input type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	PROGRAM ADMINISTRATOR I
7500	710	<input type="checkbox"/>	3		5		1	VENTURA CO FIRE PROTEC DISTR	CADASTRAL TECHNICIAN I
7500	714	<input type="checkbox"/>	3		5		1	VENTURA CO FIRE PROTEC DISTR	CADASTRAL TECHNICIAN II
7500	748	<input checked="" type="checkbox"/>	3		5		1	VENTURA CO FIRE PROTEC DISTR	PROGRAM ADMINISTRATOR III
7500	750	<input checked="" type="checkbox"/>	1		3		1	VENTURA CO FIRE PROTEC DISTR	FIRE CAPTAIN
7500	751	<input checked="" type="checkbox"/>	1		5		1	VENTURA CO FIRE PROTEC DISTR	ASSIST FIRE CHIEF
7500	760	<input checked="" type="checkbox"/>	1		3		1	VENTURA CO FIRE PROTEC DISTR	FIRE ENGINEER
7500	765	<input checked="" type="checkbox"/>	1		5		1	VENTURA CO FIRE PROTEC DISTR	FIRE EQUIPMENT OPERATOR
7500	770	<input checked="" type="checkbox"/>	1		3		1	VENTURA CO FIRE PROTEC DISTR	FIREFIGHTER
7500	779	<input checked="" type="checkbox"/>	1		5		1	VENTURA CO FIRE PROTEC DISTR	FIREFIGHTER TRAINEE
7500	801	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	GARAGE ATTENDANT
7500	869	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	HEAVY EQUIP SERV WORKER
7500	898	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	FIRE SYSTEMS ENGINEER
7500	920	<input checked="" type="checkbox"/>	1		3		1	VENTURA CO FIRE PROTEC DISTR	DEPUTY CHIEF-FIRE SERVICES
7500	926	<input checked="" type="checkbox"/>	1		3		1	VENTURA CO FIRE PROTEC DISTR	FIRE BATTALION CHIEF
7500	1023	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	OFFICE SYSTEMS COORDINATOR II
7500	1024	<input type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	OFFICE SYSTEMS COORDINATOR III
7500	1026	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	SENIOR OFFICE SYSTEMS COORDNTR
7500	1048	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	FIRE INVESTIGATOR SPECIALIST
7500	1115	<input type="checkbox"/>	1		5		1	VENTURA CO FIRE PROTEC DISTR	WILDLAND FIRE OFFICER
7500	1174	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	SENIOR PROGRAM ADMINISTRATOR
7500	1237	<input type="checkbox"/>	1		5		1	VENTURA CO FIRE PROTEC DISTR	NURSE EDUCATOR
7500	1267	<input type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	COMMUNICATIONS OPERATOR IV-TC
7500	1278	<input type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	COMMUNICATIONS OPERATOR II
7500	1279	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	COMMUNICATIONS OPERATOR III
7500	1281	<input type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	COMMUNICATIONS OPERATOR II-TC
7500	1282	<input type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	COMMUNICATIONS OPERATOR III-TC
7500	1283	<input type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	COMMUNICATIONS OPERATOR IV

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
7500	1284	<input type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	COURIER I
7500	1291	<input type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	FISCAL ASSISTANT II
7500	1293	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	FISCAL ASSISTANT IV
7500	1295	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	FISCAL TECHNICIAN I
7500	1315	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	INVENTORY MANAGEMENT ASSISTANT III
7500	1333	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	MANAGEMENT ASSISTANT III
7500	1338	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	MANAGEMENT ASSISTANT IV-CONF
7500	1344	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	OFFICE ASSISTANT II
7500	1345	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	OFFICE ASSISTANT III
7500	1347	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	OFFICE ASSISTANT IV
7500	1377	<input checked="" type="checkbox"/>	3		5		2	VENTURA CO FIRE PROTEC DISTR	HAZARDOUS MATERIALS SPECIALIST
7500	1506	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	TELECOMMUNICATIONS NETWORK ANLST III
7500	1548	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	SENIOR ACCOUNTANT
7500	1567	<input checked="" type="checkbox"/>	3		5		2	VENTURA CO FIRE PROTEC DISTR	FIRE PREV OFFICER
7500	1569	<input checked="" type="checkbox"/>	3		5		2	VENTURA CO FIRE PROTEC DISTR	SENIOR FIRE INSPECTOR
7500	1570	<input checked="" type="checkbox"/>	3		5		2	VENTURA CO FIRE PROTEC DISTR	FIRE INSPECTOR
7500	1572	<input checked="" type="checkbox"/>	1		3		1	VENTURA CO FIRE PROTEC DISTR	FIRE SPECIALIST
7500	1615	<input type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	ADMIN ASST IV
7500	1712	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	PARTS SPECIALIST
7500	1782	<input checked="" type="checkbox"/>	3		5		2	VENTURA CO FIRE PROTEC DISTR	FIRE PREVENTION OFFICER N.S.
7500	1807	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	FIRE EQUIPMENT MECHANIC II
7500	1808	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	SENIOR FIRE EQUIPMENT MECHANIC
7500	1809	<input type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	MGR-FIRE COMMUNICATIONS CTR
7500	1810	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	MGR FIRE PREVENTION SVCS
7500	1811	<input type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	FIRE PURCHASING TECH
7500	1812	<input checked="" type="checkbox"/>	1		3		1	VENTURA CO FIRE PROTEC DISTR	ASST DIR-FIRE PROTECTION DIST
7500	1813	<input checked="" type="checkbox"/>	1		5		1	VENTURA CO FIRE PROTEC DISTR	EMER MED SVCS EDUCATOR
7500	1823	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	STUDENT AIDE
7500	2300	<input type="checkbox"/>	1		3		1	VENTURA CO FIRE PROTEC DISTR	RESERVE FIREFIGHTER
7500	2	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	COUNTY WORKER - EXTRA HELP
7500	148	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	CENTRAL STORES SUPERVISOR
7500	347	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	FIRE GIS TECHNICIAN
7500	446	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	CHIEF-HEAVY EQUIPMENT
7500	623	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	PROGRAM ADMINISTRATOR II
7500	999	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	MANAGER-SHERIFF INFORMATION SYSTEMS

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
7500	1049	<input checked="" type="checkbox"/>	1		5		1	VENTURA CO FIRE PROTEC DISTR	CHIEF-FIRE INVESTIGATOR
7500	1285	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	COURIER II
7500	1292	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	FISCAL ASSISTANT III
7500	1332	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	MANAGEMENT ASSISTANT II
7500	1501	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	TELECOMMUNICATIONS NETWORK SPEC II
7500	1550	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	DATA SYSTEMS ANALYST
7500	1708	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	STAFF/SERVICES SPECIALIST II
7500	1806	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	FIRE EQUIPMENT MECHANIC I
7500	1956	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	SPVR PUBLIC SAFETY DISPATCHER
7500	1957	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	PUBLIC SAFETY DISPATCHER II
7500	1958	<input checked="" type="checkbox"/>	3		5		3	VENTURA CO FIRE PROTEC DISTR	PUBLIC SAFETY DISPATCHER I
8945	1333	<input checked="" type="checkbox"/>	3		5		3	RETIREMENT ADMIN	MANAGEMENT ASSISTANT III
8945	1345	<input checked="" type="checkbox"/>	3		5		3	RETIREMENT ADMIN	OFFICE ASSISTANT III
8945	1419	<input checked="" type="checkbox"/>	3		5		3	RETIREMENT ADMIN	RETIREMENT SPECIALIST II
8945	1491	<input checked="" type="checkbox"/>	3		5		3	RETIREMENT ADMIN	ADMIN ASSISTANT II-NE
8945	1615	<input checked="" type="checkbox"/>	3		5		3	RETIREMENT ADMIN	ADMIN ASST IV
8945	1766	<input checked="" type="checkbox"/>	3		5		3	RETIREMENT ADMIN	RETIREMENT SPECIALIST III
8945	1814	<input checked="" type="checkbox"/>	3		5		3	RETIREMENT ADMIN	RETIREMENT ADMINISTRATOR
8945	1815	<input checked="" type="checkbox"/>	3		5		3	RETIREMENT ADMIN	ASSIST RETIREMENT ADMINISTRATOR
8950	30	<input checked="" type="checkbox"/>	3		5		3	LOCAL AGENCY FORMATION COMM	ADMIN ASSISTANT I
8950	270	<input checked="" type="checkbox"/>	3		5		3	LOCAL AGENCY FORMATION COMM	LAFCO VCOG EXEC OFFICER
8950	805	<input checked="" type="checkbox"/>	3		5		3	LOCAL AGENCY FORMATION COMM	PLANNER III
9000	20	<input type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	ADMIN AIDE
9000	99	<input type="checkbox"/>	2,3		5		3	SUPERIOR & MUNICIPAL COURTS	FAMILY RELATIONS MEDIATOR
9000	235	<input type="checkbox"/>	2,1,3		5		3	SUPERIOR & MUNICIPAL COURTS	ATTORNEY 60 MONTHS
9000	471	<input checked="" type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	COURT REPORTER
9000	477	<input type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	COURT EXECUTIVE OFFICER
9000	493	<input type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	DATA ENTRY OPERATOR III
9000	1207	<input type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	SENIOR COURT INTERPR/TRANSLATOR
9000	1208	<input checked="" type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	COURT INTERPRETER-TRANSLATOR
9000	1273	<input type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	CLERICAL TRAINEE
9000	1274	<input type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	COLLECTIONS OFFICER I
9000	1275	<input type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	COLLECTIONS OFFICER II
9000	1276	<input type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	COLLECTIONS OFFICER III
9000	1287	<input checked="" type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	COURT SERVICES ASSISTANT I

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
9000	1288	<input checked="" type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	COURT SERVICES ASSISTANT II
9000	1289	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	COURT SERVICES ASSISTANT III
9000	1290	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	FISCAL ASSISTANT I
9000	1291	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	FISCAL ASSISTANT II
9000	1292	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	FISCAL ASSISTANT III
9000	1293	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	FISCAL ASSISTANT IV
9000	1295	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	FISCAL TECHNICIAN I
9000	1296	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	FISCAL TECHNICIAN II
9000	1316	<input checked="" type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	JUDICIAL ASSISTANT
9000	1332	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	MANAGEMENT ASSISTANT II
9000	1338	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	MANAGEMENT ASSISTANT IV-CONF
9000	1339	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	OFFICE ASSISTANT I
9000	1344	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	OFFICE ASSISTANT II
9000	1345	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	OFFICE ASSISTANT III
9000	1509	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	COURT COMMISSIONER
9000	1568	<input type="checkbox"/>	2	1,3	5	5	2	SUPERIOR & MUNICIPAL COURTS	SENIOR ATTORNEY
9000	1592	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	SENIOR COURT REPORTER
9000	1718	<input type="checkbox"/>	2	1,3	5	5	2	SUPERIOR & MUNICIPAL COURTS	ATTORNEY 84 MONTHS
9000	1822	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	STUDENT WORKER II
9000	1823	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	STUDENT AIDE
9000	1825	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	ASSIST EXEC OFCR
9000	1826	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	DEP EXEC OFCR
9000	1827	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	COURT PROGRAM MGR-FSCL
9000	1828	<input type="checkbox"/>	2	3	5	5	2	SUPERIOR & MUNICIPAL COURTS	CRT PRG MGR FAM MED
9000	1829	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	COURT PROGRAM MGR-SYS
9000	1830	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	COURT PROGRAM MGR-FACILITY
9000	1831	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	COURT PROGRAM MGR-HUMAN RESCOURCE
9000	1832	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	COURT PROGRAM MGR-COLCTN
9000	1833	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	COURT PROGRAM MANAGER
9000	1834	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	COURT PROGRAM SUPERVISOR-FISCAL
9000	1835	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	COURT PERSONNEL ANALYST I
9000	1836	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	COURT PROGRAM ASSISTANT
9000	1837	<input checked="" type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	COURT PROGRAM SUPERVISOR
9000	1838	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	COURT PERSONNEL ASSISTANT
9000	1839	<input type="checkbox"/>	3		5	5	3	SUPERIOR & MUNICIPAL COURTS	COURT PERSONNEL AIDE

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
9000	1840	<input type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	COURT OFFICE SYSTEMS COOR I
9000	1841	<input type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	COURT OFFICE SYSTEMS COOR II
9000	1842	<input type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	COURT OFFICE SYSTEMS COOR III
9000	1843	<input type="checkbox"/>	2,3,4		5		2	SUPERIOR & MUNICIPAL COURTS	COURT CHILD CARE COORDINATOR I
9000	1844	<input type="checkbox"/>	2,3,4		5		2	SUPERIOR & MUNICIPAL COURTS	COURT CHILD CARE COORDINATOR II
9000	1845	<input type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	SUPERIOR COURT JUDGE
9000	1846	<input type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	COURT RESEARCH ANALYST
9000	1847	<input type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	COURT PROGRAM MGR-BRANCH COURT
9000	1848	<input type="checkbox"/>	2,3		5		2	SUPERIOR & MUNICIPAL COURTS	CIVIL/FAMILY LAW CASE MGMT
9000	1849	<input type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	COURT ANALYST
9000	1854	<input type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	COURT FISCAL TECHNICIAN I
9000	1855	<input type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	COURT FISCAL TECHNICIAN II
9000	1857	<input type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	COURT FISCAL ASSISTANT II
9000	1858	<input type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	COURT FISCAL ASSISTANT III
9000	1859	<input type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	COURT FISCAL ASSISTANT IV
9000	1877	<input type="checkbox"/>	2,3		5		2	SUPERIOR & MUNICIPAL COURTS	COURT FAMILY RELATIONS MEDIATOR
9000	1878	<input type="checkbox"/>	2,1,3		5		2	SUPERIOR & MUNICIPAL COURTS	COURT SENIOR ATTORNEY
9000	1879	<input type="checkbox"/>	2,1,3		5		2	SUPERIOR & MUNICIPAL COURTS	COURT ATTORNEY 84 MONTHS
9000	1883	<input type="checkbox"/>	2,1		5		2	SUPERIOR & MUNICIPAL COURTS	COURT RESEARCH ATTORNEY 84 MONTHS
9000	1885	<input type="checkbox"/>	2,1		5		2	SUPERIOR & MUNICIPAL COURTS	COURT RESEARCH ATTORNEY 60 MONTHS
9000	1888	<input type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	COURT DATA ENTRY OPERATOR III
9000	1891	<input type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	COURT MANAGEMENT ASSISTANT IV-CONF
9000	1993	<input checked="" type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	COURT JUDICIAL ASSISTANT II
9000	1996	<input checked="" type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	COURT JUDICIAL SECRETARY
9000	1901	<input checked="" type="checkbox"/>	3		5		3	SUPERIOR & MUNICIPAL COURTS	COURT STAFF DEVELOPMENT SPEC
9300	1273	<input type="checkbox"/>	3		5		3	COURTS-COLLECTIONS ENHANCEMENT	CLERICAL TRAINEE
9300	1291	<input type="checkbox"/>	3		5		3	COURTS-COLLECTIONS ENHANCEMENT	FISCAL ASSISTANT II
9300	1345	<input type="checkbox"/>	3		5		3	COURTS-COLLECTIONS ENHANCEMENT	OFFICE ASSISTANT III
9300	1823	<input checked="" type="checkbox"/>	3		5		3	COURTS-COLLECTIONS ENHANCEMENT	STUDENT AIDE
9300	1832	<input checked="" type="checkbox"/>	3		5		3	COURTS-COLLECTIONS ENHANCEMENT	COURT PROGRAM MGR-COLCTN
9300	1837	<input checked="" type="checkbox"/>	3		5		3	COURTS-COLLECTIONS ENHANCEMENT	COURT PROGRAM SUPERVISOR
9300	1851	<input checked="" type="checkbox"/>	3		5		3	COURTS-COLLECTIONS ENHANCEMENT	COURT COLLECTION OFFICER II
9300	1852	<input checked="" type="checkbox"/>	3		5		3	COURTS-COLLECTIONS ENHANCEMENT	COURT COLLECTION OFFICER III
9300	1854	<input type="checkbox"/>	3		5		3	COURTS-COLLECTIONS ENHANCEMENT	COURT FISCAL TECHNICIAN I
9300	1857	<input type="checkbox"/>	3		5		3	COURTS-COLLECTIONS ENHANCEMENT	COURT FISCAL ASSISTANT II

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
9300	1858	<input checked="" type="checkbox"/>	3		5		3	COURTS-COLLECTIONS ENHANCEMENT	COURT FISCAL ASSISTANT III
9300	1215	<input checked="" type="checkbox"/>	3		5		3	COURTS-COLLECTIONS ENHANCEMENT	COURT PROCESSING ASST-FISCAL I
9300	1217	<input checked="" type="checkbox"/>	3		5		3	COURTS-COLLECTIONS ENHANCEMENT	COURT PROCESSING ASST-FISCAL II
9300	1219	<input checked="" type="checkbox"/>	3		5		3	COURTS-COLLECTIONS ENHANCEMENT	COURT PROCESSING ASST-FISCAL III
9300	1853	<input checked="" type="checkbox"/>	3		5		3	COURTS-COLLECTIONS ENHANCEMENT	COURT COLLECTION OFFICER IV
9350	1849	<input checked="" type="checkbox"/>	3		5		3	COURTS-CONTRACT FUNDED EXPENDITURE	COURT ANALYST
9360	474	<input checked="" type="checkbox"/>	3		5		3	CPIRITS-GRANTS	COURT RESEARCH ASSISTANT
9400	2	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COUNTY WORKER - EXTRA HELP
9400	220	<input checked="" type="checkbox"/>	2	1	5		2	TRIAL COURT OPERATIONS	COURT RESEARCH ATTORNEY
9400	221	<input checked="" type="checkbox"/>	2	1,3	5		2	TRIAL COURT OPERATIONS	COURT ATTORNEY
9400	471	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT REPORTER
9400	477	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT EXECUTIVE OFFICER
9400	1215	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT PROCESSING ASST-FISCAL I
9400	1261	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT PROCESSING ASSISTANT I
9400	1262	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT PROCESSING ASSISTANT II
9400	1263	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT PROCESSING ASSISTANT III
9400	1264	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT PROCESSING ASSISTANT IV
9400	1287	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT SERVICES ASSISTANT I
9400	1288	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT SERVICES ASSISTANT II
9400	1344	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	OFFICE ASSISTANT II
9400	1509	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT COMMISSIONER
9400	1816	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT INFORMATION ANALYST
9400	1818	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT LAN/WEB SYSTEMS ADMINISTRATOR
9400	1819	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT BUDGET ANALYST
9400	1821	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	STUDENT WORKER I
9400	1822	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	STUDENT WORKER II
9400	1823	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	STUDENT AIDE
9400	1824	<input checked="" type="checkbox"/>	1		5		1	TRIAL COURT OPERATIONS	COURT CHILD CARE COORDINATOR III
9400	1828	<input checked="" type="checkbox"/>	2	3	5		2	TRIAL COURT OPERATIONS	CRT PROG MGR FAM MED
9400	1829	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT PROGRAM MGR-SYS
9400	1830	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT PROGRAM MGR-FACILITY
9400	1833	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT PROGRAM MANAGER
9400	1834	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT PROGRAM SUPERVISOR-FISCAL
9400	1835	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT PERSONNEL ANALYST I
9400	1837	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT PROGRAM SUPERVISOR

Dept	Job	Active?	BB Rank	BB Tasks	TB Rank	TB Tasks	ID Rank	Agency/Dept Name	Job Name
9400	1841	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT OFFICE SYSTEMS COOR II
9400	1845	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	SUPERIOR COURT JUDGE
9400	1846	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT RESEARCH ANALYST
9400	1847	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT PROGRAM MGR-BRANCH COURT
9400	1849	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT ANALYST
9400	1850	<input checked="" type="checkbox"/>	2	1,3	5		2	TRIAL COURT OPERATIONS	COURT MANAGING ATTORNEY
9400	1854	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT FISCAL TECHNICIAN I
9400	1855	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT FISCAL TECHNICIAN II
9400	1878	<input checked="" type="checkbox"/>	2	1,3	5		3	TRIAL COURT OPERATIONS	COURT SENIOR ATTORNEY
9400	1886	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT DATA ENRTRY OPERATOR I
9400	1891	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT MANAGEMENT ASSISTANT IV-CONF
9400	1892	<input checked="" type="checkbox"/>	2	1,3	5		2	TRIAL COURT OPERATIONS	COURT MEDIATOR/INVESTIGATOR II
9400	1893	<input checked="" type="checkbox"/>	2	1,3	5		2	TRIAL COURT OPERATIONS	COURT MEDIATOR/INVESTIGATOR III
9400	1894	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT SENIOR INTERPRETER/TRANS
9400	1895	<input checked="" type="checkbox"/>	2	1,3	5		2	TRIAL COURT OPERATIONS	COURT MEDIATOR/INVESTIGATOR I
9400	1896	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT PERSONNEL ASSISTANT I
9400	1897	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT PERSONNEL ASSISTANT II
9400	1898	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT STAFF DEVELOPMENT COORD
9400	1901	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT STAFF DEVELOPMENT SPEC
9400	1970	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	OFFICE SUPP WORKER-CW
9400	1979	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT ADMIN OFFICE ASST 1V-CONF
9400	1989	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT ASSISTANT EXECUTIVE OFFICER
9400	1990	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT DEPUTY EXECUTIVE OFFICER
9400	1991	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT PROGRAM MGR HR & TRAINING
9400	1992	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT PROGRAM MGR FISCAL SVCS
9400	1993	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT JUDICIAL ASSISANT II
9400	1994	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT JUDICIAL ASSISTANT I
9400	1996	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT JUDICIAL SECRETARY
9400	1997	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT SENIOR REPORTER
9400	1998	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT PROGRAM MGR FINANCE/PLANNING
9400	1999	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT EXECUTIVE ASSISTANT
9400	2012	<input checked="" type="checkbox"/>	3		5		3	TRIAL COURT OPERATIONS	COURT ACCOUNTANT III

