

**KITSAP COUNTY** 614 Division St. Port Orchard WA 98366

Employee Name: \_\_\_\_\_

## DEPARTMENT: OFFICE OF THE COUNTY ASSESSOR PHYSICAL REQUIREMENTS: APPRAISER – RESIDENTIAL/COMMERCIAL APPRAISER ASSISTANT APPRAISER SUPERVISOR

Work is performed primarily in a field and office environment. Positions in this class typically require:

- Sitting or standing for extended periods of time. Walking and balancing on all types of terrain,
- Bending, stooping, twisting, and climbing steps,
- Reaching above and/or below shoulder,
- Handling/grasping documents or equipment,
- Clear speaking and adequate hearing sufficient to communicate effectively and respond appropriately in-person and/or on the telephone.
- Hearing audible signals, traffic, & equipment.
- Vision sufficient to read source materials, computer screen data, see detail or color,
- Repetitive motions for computer use.

Incumbents may be exposed to:

- Inclement weather (temperature extremes, slippery surfaces)
- Road and traffic hazards,
- Potentially hazardous conditions and/or violent or hostile individuals and/or animals when dealing with the public and property owners.

| Activity   | Never<br>0% | Inter.<br>1–10% | Occas.<br>11-33% | Freq.<br>34-66% | Cont.<br>67+% | Further<br>Description                                    |
|------------|-------------|-----------------|------------------|-----------------|---------------|---|
| 1. Walking |             |                 | x                |                 |               | Alternates standing and walking when completing job tasks |
| 2. Balance |             |                 |                  |                 | x             |   |
| 3. Lifting | -           | -               | -                | -               | -             |   |
| 0-10 lbs.  |             |                 | x                |                 |               | Office supplies, paperwork, and files                     |
| 11-20 lbs. |             | x               |                  |                 |               |   |
| 21-35 lbs. |             | x               |                  |                 |               |   |
| 36-50 lbs. | x           |                 |                  |                 |               |   |
| 50 + lbs.  | x           |                 |                  |                 |               |   |

## PHYSICAL AND MENTAL DEMANDS



Employee Name: \_\_\_\_\_

|                         | Never | Inter. | Occas. | Freq.  | Cont. | Further   |
|-------------------------|-------|--------|--------|--------|-------|---|
| Activity                | 0%    | 1–10%  | 11-33% | 34-66% | 67+%  | Description                                       |
| 4. Carry                | -     | -      | -      | -      | -     |   |
|                         |       |        |        |        |       | Office supplies, paperwork,                       |
| 0-10 lbs.               |       |        | Х      |        |       | and files   |
| 11-20 lbs.              |       | x      |        |        |       |   |
| 21-35 lbs.              |       | x      |        |        |       |   |
| 36-50 lbs.              | x     |        |        |        |       |   |
| 5. Pushing/<br>Pulling  | -     | -      | -      | -      | -     |   |
| 0-10 lbs.               |       | x      |        |        |       | File drawers, office equipment, files             |
| 11-20 lbs.              |       | x      |        |        |       |   |
| 21-35 lbs.              | x     |        |        |        |       |   |
| 36-50 lbs.              | x     |        |        |        |       |   |
| 6. Climbing             |       | x      |        |        |       | May periodically climb stairs                     |
| 7. Twisting             |       | x      |        |        |       | Accessing files, office supplies<br>and equipment |
| 8. Reaching             |       | x      |        |        |       | ű   |
| 9. Grasping             |       | x      |        |        |       | Office supplies, equipment, phone                 |
| 10.Stooping/<br>Bending |       | x      |        |        |       | To access low filing<br>cabints/shelves           |
| 11. Sitting             |       |        |        |        | x     |   |
| 12.See/Hear/<br>Speak   | -     | -      | -      | -      | -     |   |
| Sees<br>Detail          |       |        |        |        | x     | Documents, computer screen                        |
| Color<br>Discrim.       |       |        |        |        | x     | Files may be color coded                          |
| Visual<br>Displays      |       |        |        |        | x     | Computer screen                                   |
| Audible<br>Signals      |       |        |        |        | x     | Supervisor's directions & phones if applicable    |



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| Oral<br>Direction        |             |                 |                  |                 | x             | Supervisor's directions and interaction with co-workers |
|--------------------------|-------------|-----------------|------------------|-----------------|---------------|---|
| Activity                 | Never<br>0% | Inter.<br>1–10% | Occas.<br>11-33% | Freq.<br>34-66% | Cont.<br>67+% | Further<br>Description                                  |
| 13. Working<br>Cond/Exp. | -           | -               | -                | -               | -             |   |
| Uneven<br>Ground         |             |                 | x                |                 |               | Appraisal site  |
| Work<br>Outside          |             |                 | x                |                 |               | Appraisal site  |
| Work<br>Inside           |             |                 |                  |                 | x             | Office environment                                      |
| High<br>Elevations       | x           |                 |                  |                 |               |   |
| Moving<br>Objects        | x           |                 |                  |                 |               |   |
| Slippery<br>Surface      | x           |                 |                  |                 |               |   |
| Wetness                  | x           |                 |                  |                 |               |   |
| Temp.<br>Extremes        | x           |                 |                  |                 |               |   |
| Confined<br>Spaces       | x           |                 |                  |                 |               |   |
| Special<br>Clothing      |             |                 |                  |                 | x             | semi-professional attire                                |
| Vibration                | x           |                 |                  |                 |               |   |
| Use of<br>Solvents       | x           |                 |                  |                 |               |   |
| Use of<br>Detergent      | x           |                 |                  |                 |               |   |
| Chemical<br>Contact      | x           |                 |                  |                 |               |   |
| Chemical<br>Vapors       | x           |                 |                  |                 |               |   |
| Dust or<br>Particles     |             | x               |                  |                 |               | Nuisance dust   |



Employee Name: \_\_\_\_\_

## PHYSICIAN TO COMPLETE

**SUMMARY DETERMINATION** (Please check appropriate item)

\_\_\_\_ Worker can fully perform the job with no restrictions as of the date below

\_\_\_\_ Worker requires restrictions to perform the job. The restrictions are described on the Physician's Estimate of Physical Capacities.

Physician Signature

Date

ADDITIONAL COMMENTS: