

KITSAP COUNTY 614 Division St. Port Orchard WA 98366

DEPARTMENT: OFFICE OF THE COUNTY CLERK, DISTRICT COURT PHYSICAL REQUIREMENTS: COURT CLERK

Positions in this class typically require:

- Working in a stressful, fast-paced office or courtroom environment.
- Potentially hazardous conditions may be present when exposed to violent or hostile individuals.
- Clear speaking and adequate hearing sufficient to communicate effectively and respond appropriately both in-person and on the telephone.
- Bending, stooping, reaching, handling/grasping documents.
- Sitting and/or standing for extended periods of time.
- Walking short distance.
- Vision sufficient to read source materials and computer screen data.
- Repetitive motions for computer use.
- Exertion of force of 25 pounds occasionally and/or 10 pounds frequently to lift/carry/move objects, files, and other case material.

Activity	Never 0%	Inter. 1–10%	Occas. 11-33%	Freq. 34-66%	Cont. 67+%	Further 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/ 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 and equipment
8. Reaching		x				ű
9. Grasping		x				Office supplies, equipment, phone
10.Stooping/ Bending		x				To access low filing cabints/shelves
11. Sitting					x	
12.See/Hear/ Speak	-	-	-	-	-	
Sees Detail					x	Documents, computer screen
Color Discrim.					x	Files may ber color coded
Visual Displays					x	Computer screen
Audible Signals					x	Supervisor's directions & phones if applicable



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Employee Name: _____

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



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: