

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

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

## DEPARTMENT: SUPERIOR COURT PHYSICAL REQUIREMENTS: COURT REPORTER

#### Positions in this class typically require:

- Work is performed primarily in a courtroom setting.
- 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 30 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	-	-	-	-	-	
0-10 lbs.			x			Office supplies, paperwork, 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				
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 be color coded
Visual Displays					x	Computer screen
Audible Signals					x	



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Oral Direction					x	
	Never	Inter.	Occas.	Freq.	Cont.	Further
Activity	0%	1–10%	11-33%	34-66%	67+%	Description
13. Working Cond/Exp.	-	-	-	-	-	
Uneven						
Ground	х					
Work						
Outside	х					
Work						Courtroom environment
Inside					х	
High						
Elevations	х					
Moving						
Objects	х					
Slippery						
Surface	x					
Wetness	х					
Temp.						
Extremes	х					
Confined						
Spaces	х					
Special						Professional Attire
Clothing					х	
Ŭ						
Vibration	x					
Use of						
Solvents	x					
Use of						
Detergent	x					
Chemical						
Contact	x					
Chemical						
Vapors	x					
Dust or						
Particles		Х				



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: