

PHYSICAL REQUIREMENTS: M&O WORKER (1308) DEPARTMENT: INFORMATION SERVICES

Positions in this class typically require:

- Walking (short or long distances).
- Frequent bending, stooping, climbing, and reaching (over shoulders, at waist and below waist).
- Handling/grasping documents or equipment.
- Sitting and/or standing for short or extended periods of time.
- Clear speaking and adequate hearing sufficient to communicate effectively and respond appropriately in-person and/or on the telephone.
- Vision sufficient to read source materials, gauges, and computer screen data.
- Repetitive motions for computer, tool and equipment use.
- Hazards associated with this work when exposed to exhaust fumes, loud noise, foul odors, insects, and dust.
- Exposure to all weather conditions; including inclement weather (temperature extremes, slippery surfaces).
- Exertion of force of up to 75 lbs. occasionally, and/or up to 50 lbs. frequently, and/or up to 35 lbs. continually to lift/carry/move objects and to operate a variety of power equipment.

	Never	Inter.	Occas.	Freq.	Cont.	Further
Activity	0%	1–10%	11-33%	34-66%	67+%	Description
1. Walking				x		Alternates walking and standing while completing job tasks
						Ladders and stairs
2. Balance			Х			
3. Lifting	-	-	-	-	-	
0-10 lbs.				х		Equipment, tools, trash, and recycling
11-20 lbs.				х		"
21-35 lbs.				х		H
36-50 lbs.				x		"
50 + lbs.		х				"
4. Carry	-	-	-	-	-	
0-10 lbs.				x		Equipment, tools, trash, and recycling
						"

PHYSICAL AND MENTAL DEMANDS



KITSAP COUNTY 614 Division St. Port Orchard WA 98366

Employee Name_____

A adjusta	Never	Inter.	Occas.	Freq.	Cont.	Further
Activity	0%	1–10%	11-33%	34-66%	67+%	Description
11-20 lbs.				Х		
21-35 lbs.				x		"
36-50 lbs.				х		
5. Pushing/ Pulling	-	-	-	-	-	
0-10 lbs.				x		Equipment, tools, trash, and recycling
11-20 lbs.				x		"
21-35 lbs.				x		Lawn mowers, buffers, waxers, trash, and recycling
36-50 lbs.				x		"
6. Climbing				x		Stairs and ladders
7. Twisting				x		Vacuuming, sweeping, and picking up trash
8. Reaching				x		Trash and other equipment
9. Grasping				x		Lawn mower, vacuum, mop, buffers, waxers, etc.
10.Stooping/ Bending				x		Picking up trash, spot removal on carpets and floors
11. Sitting		x				Truck
12.See/Hear/ Speak	-	-	-	-	-	
Sees Detail					x	Utilizing power equipment and working with electricity
Color Discrim.					x	"
Visual			v			"
<u>Displays</u> Audible Signals			X		x	Two-way radios
Oral Direction					X	Supervisors, co-workers, and the public
Other						



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Employee Name_____

	Never	Inter.	Occas.	Freq.	Cont.	Further
Activity	0%	1–10%	11-33%	34-66%	67+%	Description
13. Working	-	-	_	-	-	
Cond/Exp.						
Uneven						Patrols Parks and
Ground			Х			Recreation grounds
Work						"
Outside				X		
Work						Custodial and repair work
Inside				Х		
High						Ladders
Elevations				Х		
Moving						Traffic and equipment
Objects				Х		
Slippery						Mopping floors
Surface				х		
Ganado						Performing outdoor duties
Wetness				х		
Temp.				Λ		11
Extremes		x				
Confined		<u>л</u>				Supply closets
Spaces		x				Supply closets
		^				Lipiform and protective
Special Clothing					v	Uniform and protective
Clothing					Х	gear
\ /:l				V		Vacuums, buffers, and
Vibration				Х		waxers
Use of				N		Cleaning solvents
Solvents				Х		
Use of						Cleaning detergents
Detergent				Х		
Chemical						Cleaning solvents and
Contact				Х		detergents
Chemical						"
Vapors				Х		
Dust or						Nuisance dust
Particles				Х		
14. Other						
NEW						
CATEGORIES						
15. Standing				Х		
16. Squatting/			x			
kneeling			^			
17. Crawling	X					



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Employee Name_____

A - 41 - 14 -	Never	Inter.	Occas.	Freq.	Cont.	Further
Activity	0%	1–10%	11-33%	34-66%	67+%	Description
18. Foot Controls		Х				
19. Hand					х	
Controls					^	
20. Fine Finger				v		
Manipulation				Х		
21. Repetitive			V			
motion			Х			
22. Proximity to						
mechanical		Х				
parts						
23. Noise		V				
intensity		Х				
24. Explosives	Х					
25. Radiation	Х					
26. Electricity		Х				

**For CDL positions: If there are driving restrictions employee must be evaluated by a DOT approved doctor.

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: