

DEPARTMENT: VARIOUS PHYSICAL REQUIREMENTS: TECHNOLOGY ANA MANAGER. SPECIA

TECHNOLOGY ANALYST, SUPERVISOR, MANAGER, SPECIALIST, SUPPORT SUPERVISOR AND TECH

Work is performed primarily in an office environment. Positions in this class typically require:

- Walking, bending, stooping, twisting
- Reaching above and/or below shoulder
- Handling/grasping documents or equipment
- Sitting and/or standing for 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, and computer screen data
- Repetitive motions for computer use
- Requires exertion of force of 50 pounds occasionally, 10 pounds frequently, and/or 5 pounds continuously to lift/carry/move objects, files/documents, and other materials
- Exposed to noisy environments (server room or telecommunications room) in 30 minute increments

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

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 cabinets/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	



KITSAP COUNTY 614 Division St. Port Orchard WA 98366

Employee Name: _____

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