



KITSAP COUNTY
 614 Division St.
 Port Orchard WA 98366

Employee Name _____

PHYSICAL REQUIREMENTS: M&O SPECIALIST (1308)
DEPARTMENT: FACILITIES MAINTENANCE

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. Operate a variety of power equipment.

PHYSICAL AND MENTAL DEMANDS

Activity	Never 0%	Inter. 1-10%	Occas. 11-33%	Freq. 34-66%	Cont. 67+%	Further Description
1. Walking				X		Worker alternates standing and walking when accessing equipment
2. Balance				X		Climb/decend ladders or to access top/upper areas of equipment
3. Lifting	-	-	X	-	-	
0-10 lbs.					X	Hand tools, pneumatic and electric tools and parts
11-20 lbs.					X	"
21-35 lbs.			X			Parts, floor to waist, intermittently overhead
36-50 lbs.			X			"
50 + lbs.			X			N/A
4. Carry	-	-	-	-	-	
0-10 lbs.				X		1ft to 50ft
						"



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11-20 lbs				X		
21-35 lbs			X			"
36-50 lbs		X				"
5. Pushing/ Pulling	-	-	-	-	-	
0-10 lbs				X		Push/pull parts, tools or equipment
11-20 lbs				X		"
21-35 lbs			X			Pushing tools, carts or equipment 1ft to 50ft
36-50 lbs			X			"
6. Climbing			X			Stairs, ladder or accessing equipment
7. Twisting				X		Loading/unloading equipment or accessing equipment
8. Reaching			X			Accessing parts or equipment
9. Grasping					X	Holding tools, gear or steering wheel
10. Stooing/ Bending		X				Picking up equipment, loading or opening manholes
11. Sitting				X		Operating vehicle, equipment, or working at desk/bench
12. See/Hear/ Speak	-	-	-	-	-	
Sees Detail					X	Reviewing directions, plans and policies
Color Discrim.				X		Parts sometimes are color coded
Visual Displays				X		Diagnostic instruments, gauges or screens
Audible Signals				X		Listen for sounds, cues or safety warning devices
Oral Direction				X		Supervisor or co-workers



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Other						
13. Working Cond/Exp.	-	-	-	-	-	
Uneven Ground			X			Remote sites or field work
Work Outside			X			"
Work Inside			X			Shop/office
High Elevations			X			Access upper levels of equipment
Moving Objects				X		Hoists, lifts and equipment/vehicles
Slippery Surface			X			In field, vaults, manholes and when pumping equipment
Wetness					X	"
Temp. Extremes		X				In field or wearing protective equipment
Confined Spaces			X			Entering sewers, tanks, manholes and wells
Special Clothing					X	Coveralls, rain gear and protective equipment
Vibration			X			Pneumatic/hydraulic tools and equipment
Use of Solvents		X				Cleaning solvents
Use of Detergent		X				Degreasers and soaps
Chemical Contact			X			Oil, grease, lubricants and fuels
Chemical Vapors			X			"
Dust or Particles		X				Dirt and debris, some cutting, grinding and welding
14. Other						
15. Standing				X		
16. Squatting/ kneeling				X		



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17. Crawling		X				
18. Foot Controls			X			
19. Hand Controls			X			
20. Fine Finger Manipulation			X			
21. Repetitive motion				X		

**For CDL positions: If there are driving restrictions employee must be evaluated by a DOT approved doctor prior to returning to the job of injury.

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:
