



KITSAP COUNTY
 614 Division St.
 Port Orchard WA 98366

Employee Name _____

PHYSICAL REQUIREMENTS: M&O TECHNICIAN (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:
