



KITSAP COUNTY
 614 Division St.
 Port Orchard WA 98366

Employee Name: _____

DEPARTMENT: VARIOUS

**PHYSICAL REQUIREMENTS: OFFICE SUPPORT ASSISTANT,
 COORDINATOR, SPECIALIST AND
 SUPERVISOR - Auditors Office**

Positions in this class typically require:

- Walking short distances
- Bending, stooping, twisting
- Reaching above and/or below shoulder
- Handling/grasping documents or office 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 and computer screen data
- Repetitive motions for computer equipment use
- Requires exertion of force of 25+ pounds occasionally, 10 pounds frequently, and/or 5 pounds continuously to lift/carry/move objects, files, boxes and documents
- Work is performed primarily in an office environment using standard office equipment

PHYSICAL AND MENTAL DEMANDS

| 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 | | | | license plate boxes |



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|-------------------------|-------------|-----------------|------------------|-----------------|---------------|--|
| 4. Carry | - | - | - | - | - | |
| 0-10 lbs. | | | x | | | Office supplies, paperwork, and files |
| 11-20 lbs. | | x | | | | |
| 21-35 lbs. | | x | | | | |
| 36-50 lbs. | | x | | | | license plate boxes |
| 5. Pushing/ Pulling | - | - | - | - | - | |
| 0-10 lbs. | | x | | | | File drawers, office equipment, files |
| 11-20 lbs. | | x | | | | |
| 21-35 lbs. | | x | | | | license plate boxes |
| 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. Stoopng/ 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 | Supervisor's directions & phones if applicable |



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|-----------------------|-------------|-----------------|------------------|-----------------|---------------|---|
| Oral Direction | | | | | x | Supervisor's directions and interaction with co-workers |
| 13. Working Cond/Exp. | - | - | - | - | - | |
| Uneven Ground | x | | | | | |
| Work Outside | x | | | | | |
| Work Inside | | | | | x | Office environment |
| High Elevations | x | | | | | |
| Moving Objects | x | | | | | |
| Slippery Surface | x | | | | | |
| Wetness | x | | | | | |
| Temp. Extremes | x | | | | | |
| Confined Spaces | x | | | | | |
| Special Clothing | | | | | x | semi-professional attire |
| Vibration | x | | | | | |
| Use of Solvents | x | | | | | |
| Use of Detergent | x | | | | | |
| Chemical Contact | x | | | | | |
| Chemical Vapors | x | | | | | |
| Dust or Particles | | x | | | | Nuisance dust |



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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:
