



KITSAP COUNTY
 614 Division St.
 Port Orchard WA 98366

Employee Name: _____

PHYSICAL REQUIREMENTS FOR: SHERIFF DEPARTMENT

Sheriff Support Coordinator, Sheriff Support Specialist, Sheriff Support Supervisor and Fiscal Support Technician

PHYSICAL DEMANDS:

POSTURE/ MOVEMENTS	MAXIMUM CONSECUTIVE MIN/HOURS	TOTAL DAILY HOURS	POSITION CHANGE OPTIONAL?	FREQUENCY OF ACTIVITIES
SITTING	1-45 minutes	6-7 hours	Yes	Continuous
STANDING	1-5 minutes	.5-1 hour	Yes	Intermittent
WALKING	1-5 minutes	.5-1 hour	Yes	Intermittent
ON FEET	2-10 minutes	1-2 hours	Yes	Occasional

COMMENTS AND/OR MODIFICATIONS: Workers may sit approximately 90% of the shift while performing computer and telephone work. Workers will alternate between standing and walking while filing and copying and to walk to the Kitsap County Court House to retrieve mail and to the morgue as needed.

LIFT	NEVER 0%	INTER 1-10%	OCCAS 11-33%	FREQ 34-70%	CONT 70+%	OBJECTS LOWEST/HIGHEST POINT / POINT
0-10 LBS.			X			General office supplies, files, telephone, vials of specimen, floor-6 feet.
11-20 LBS.			X			
21-35 LBS.		X				
36-50 LBS.		X				
51-75 LBS.	X					
75-100 LBS.	X					
100+ LBS.	X					

CARRY	NEVER 0%	INTER 1-10%	OCCAS 11-33%	FREQ 34-70%	CONT 70+%	MAXIMUM DISTANCE CARRIED
0-10 LBS.			X			1 foot to 2 blocks
11-20 LBS.			X			
21-35 LBS.		X				
36-50 LBS.		X				
51-75 LBS.	X					
75-100 LBS.	X					
100+ LBS.	X					

PUSH/PULL MAX. FORCE	NEVER 0%	INTER 1-10%	OCCAS 11-33%	FREQ 34-70%	CONT 70+%	MAXIMUM DISTANCE MOVED
0-10 LBS.		X				Filing cabinets, doors, drawers, 1-3 feet.
11-20 LBS.		X				
21-35 LBS.	X					
36-50 LBS.	X					
51-75 LBS.	X					
75-100 LBS.	X					



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POSTURE REQUIREMENTS:

ACTIVITY	NEVER 0%	INTER 1-10%	OCCAS 11-33%	FREQ 34-70%	CONT 70+%	DESCRIPTION
Balance	X					
Bend/Stoop		X				To access lower filing cabinets and shelves.
Turn/Twist		X				Swivel chair, normal office activities.
Kneel	X					
Squat		X				May alternate with bend and stoop.
Crawl	X					
Climb Stairs		X				Stairs into the building.
Climb Ladders		X				(2 – 3 step ladder)
Reach (Out)				X		Computer keyboard, mouse, telephone, office supplies, paperwork, files.
Reach (Up)		X				Up to 6-foot shelves and filing cabinets.
Handling				X		Mouse, office supplies, telephone, paperwork, files.
Grasping				X		Mouse, office supplies, telephone, paperwork, files.
Fingering			X			Computer keyboard, telephone.
Foot Controls		X				Vehicle pedals (if unable to walk).
Other	X					

VISUAL ACUITY-SIGHT/SOUND:

CONDITION:	NEVER 0%	INTER 1-10%	OCCAS 11-33%	FREQ 34-70%	CONT 70+%	DESCRIPTION
Seeing Small Detail	X					
Color Discrimination			X			Files are color-coded.
Visual Displays			X			Computer screen.
Audible Signals		X				Telephone.
Oral Directions				X		Supervisor, co-workers, public.

WORKING CONDITIONS	NEVER 0%	INTER 1-10%	OCCAS 11-33%	FREQ 34-70%	CONT 70++ %	DESCRIPTION
Uneven Ground		X				Uneven terrain on location
Work Outside		X				Walking to the Court House, morgue.
Work Inside					X	Office environment.



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High Elevations	X				
Moving Objects		X			Other vehicles while traveling to the Court House or to onsite locations.
Slippery Surfaces		X			As weather dictates.
Wetness		X			As weather dictates.
Confined Spaces	X				
Vibrations(s)		X			Normal vehicle vibration.
Temperature Extremes		X			As weather dictates.
Special Clothing		X			Personal protection equipment, professional attire, gloves, etc.
Safety Equipment		X			Seat belt.
Use of Solvents		X			Enviroside (cleaner).
Use of Detergent	X				
Chemical Contact		X			Fingerprinting ink and hand cleaner
Chemical Inhalant		X			Permanent markers
Dust or Particles			X		General office/paper dust.

***This position may be required to drive.**

PHYSICIAN:

- I agree that the above name worker can perform the physical activities described in this job analysis and can return to work. State date worker is released to return to work if different from today's date _____.
- I agree the worker can perform the described job but only with modifications (describe in comments section). Modifications are needed on a permanent or temporary basis.
- The above-named worker ***temporarily*** cannot perform this job based on the following physical limitations.

Anticipated release date: _____

Treatment plan: _____

- The above-named worker is ***permanently*** restricted from performing the physical activities described in this job analysis based on the following limitations (state objective medical findings):

Comments:

Physician Signature

Date