



**KITSAP COUNTY**  
 614 Division St.  
 Port Orchard WA 98366

Employee Name: \_\_\_\_\_

**DEPARTMENTS: HUMAN SERVICES, SUPERIOR COURT  
 PHYSICAL REQUIREMENTS: TREATMENT AIDE, ASSISTANT, SUPERVISOR**

**GENERAL STATEMENT:**

Under the direction of the assigned supervisor, the incumbents provide responsible support work in the field of alcohol and drug recovery services and are primarily responsible for detoxification and triage services. Duties include assisting/ maintenance of case histories, files, logs, records and reports, enforcing all rules and regulations governing patients and resident guests housed in the facility, maintaining security, admitting and releasing clients from facility in accordance with established standards; providing work direction to Treatment Aides and assisting in the provision of intensive inpatient program treatment services. Act as a lead worker, when needed, on weekend and night shifts.

**Skills and/or Ability to:**

- Appear, and stay, for schedule work with regular, reliable and punctual attendance.
- Read, understand, and comply with policies, procedures and protocols.
- Work a non-traditional workweek with non-traditional work hours including nights, weekends, rotating shifts and work over 40 hours in a workweek as necessary.
- Respond to on-call assignments with short notice.

**Positions in this class typically require:**

- The incumbents to be able to work a rotating schedule that may include various shifts, nights, weekends and irregular days and hours.
- Exposure to physical hazards when working with hostile patients with a potential for violence.
- Physical strength and flexibility enough to physically subdue a patient undergoing withdrawal/detoxification from drugs or alcohol.

**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
2. Balance				x		
3. Lifting	-	-	-	-	-	
0-10 lbs.			x			Tools, office supplies, tools, equipment
11-20 lbs.			x			Laundry
21-35 lbs.			x			"
36-50 lbs.			x			Food and equipment orders



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50 + lbs.	x					
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Activity	Never 0%	Inter. 1–10%	Occas. 11-33%	Freq. 34-66%	Cont. 67+%	Further Description
4. Carry	-	-	-	-	-	
0-10 lbs.			x			Tools, equipment, and laundry
11-20 lbs.			x			
21-35 lbs.			x			
36-50 lbs.		x	x			
5. Pushing/ Pulling	-	-	-	-	-	
0-10 lbs.			x			File drawers, office equipment, tools, laundry
11-20 lbs.			x			
21-35 lbs.		x				Wheelchair assistance
36-50 lbs.			x			“
6. Climbing			x			Stairs
7. Twisting				x		Light housekeeping and laundry
8. Reaching				x		“
9. Grasping				x		“
10. Stopping/ Bending				x		“
11. Sitting				x		Observing patients and preparing log entries
12. See/Hear/ Speak	-	-	-	-	-	
Sees Detail					x	Documents, computer screen, observing patients and preparing log entries
Color					x	



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Discrim.					x	
Visual Displays			x			Adequate vision when providing authorized prescription medication, conducting security inspections, computer screen, keeping daily logs
Audible Signals					x	Alarms
Oral Direction					x	Supervisor's directions and interaction with co-workers, and the public
Other						
<b>Activity</b>	<b>Never 0%</b>	<b>Inter. 1-10%</b>	<b>Occas. 11-33%</b>	<b>Freq. 34-66%</b>	<b>Cont. 67+%</b>	<b>Further Description</b>
13. Working Cond/Exp.	-	-	-	-	-	
Uneven Ground				x		Transporting patients to appointments
Work Outside				x		Inspecting grounds
Work Inside					x	Treatment Center
High Elevations	x					
Moving Objects			x			Equipment patient belongings
Slippery Surface		x				Mopped floors and spills
Wetness		x				Spills
Temp. Extremes	x					
Confined Spaces		x				Supply closet
Special Clothing			x			Protective gear as determined by safety training
Vibration	x					
Use of Solvents			x			Cleaning solvents
Use of Detergent			x			Cleaning detergents
Chemical						"



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Contact			X			
Chemical Vapors			X			«
Dust or Particles		X				Nuisance dust
14. Other						

**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:**

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