



KITSAP COUNTY
 614 Division St.
 Port Orchard WA 98366

Employee Name _____

PHYSICAL REQUIREMENTS: M&O CREW SUPERVISOR
DEPARTMENTS: PUBLIC WORKS, PARKS AND FACILITIES MAINTENANCE

POSITION REQUIREMENTS:

- 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 necessary to communicate effectively and respond appropriately in-person and/or on the telephone.
- Vision necessary 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 50 lbs. occasionally, and/or up to 35 lbs. frequently, and/or up to 10 lbs. continually to lift/carry/move objects and to operate a variety of power equipment.

- **Some positions may require exertion of force of up to 75 lbs. occasionally and 100 lbs. with assistance to lift/carry/move objects. May be required to operate a variety of power equipment, shovel large quantities of materials, and operate heavy equipment such as backhoes, pavers, dozers and graders.**

PHYSICAL AND MENTAL DEMANDS

Activity	Never 0%	Inter. 1-10%	Occas. 11-33%	Freq. 34-66%	Cont. 67+%	Further Description
1. Walking				X		Inspection, maintenance
2. Balance			X			Ladders, stairs, look over railings, access equipment
3. Lifting	-	-	-	-	-	
0-10 lbs.				X		
11-20 lbs.				X		
21-35 lbs.			X			
36-50 lbs.		X				Containers, tools, hoses, and equipment
50 + lbs.	X					N/A
	-	-	-	-	-	



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4. Carry						
0-10 lbs.				X		
11-20 lbs.				X		
21-35 lbs.			X			
36-50 lbs.		X				
5. Pushing/ Pulling	-	-	-	-	-	
0-10 lbs.				X		Tools, equipment, and supplies
11-20 lbs.				X		
21-35 lbs.			X			
36-50 lbs.		X				
6. Climbing			X			Stairs, ladders, equipment access, outside terrain
7. Twisting			X			
8. Reaching			X			
9. Grasping				X		Picking up and using parts, tools, and equipment
10. Stooping/ Bending			X			Picking up and using parts, tools equipment, clean/scrub
11. Sitting		X				Record keeping and data input
12. See/Hear/ Speak	-	-	-	-	-	
Sees Detail					X	Inspect equipment, operate machinery, read instructions
Color Discrim.			X			recognize proper colors in treatment process, equipment
Visual Displays			X			Computer and video displays
Audible						Listen for alarms, signals,



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Signals			X			radio, and telephone
Oral Direction			X			Supervisors and co-workers
Other						
13. Working Cond/Exp.	-	-	-	-	-	
Uneven Ground				X		Outside work
Work Outside				X		"
Work Inside			X			
High Elevations		X				Climb stairs, ladders, and equipment
Moving Objects			X			
Slippery Surface			X			
Wetness				X		"
Temp. Extremes			X			Outside work
Confined Spaces		X				
Special Clothing					X	Protective gear, rubber boots, rain gear, coveralls, PPE
Vibration			X			Pnuematic tools, pressure washer, and weed-eater
Use of Solvents		X				Cleaners
Use of Detergent			X			Cleaners and degreasers
Chemical Contact		X				
Chemical Vapors		X				"
Dust or Particles			X			Cleaning and landscaping
14. Other						
15. Standing					X	



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16. Squatting/ kneeling			X			
17. Crawling		X				
18. Foot Controls		X				
19. Hand Controls			X			
20. Fine Finger Manipulation		X				
21. Repetitive motion			X			
22. Proximity to mechanical parts			X			
23. Noise intensity			X			
24. Explosives	X					
25. Radiation	X					
26. Electricity		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.

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: _____

