



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

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

**PHYSICAL REQUIREMENTS: M&O WORKER (1308)**  
**DEPARTMENT: FACILITIES**

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 and to 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		Alternates walking and standing while completing job tasks
2. Balance			X			Ladders and stairs
3. Lifting	-	-	-	-	-	
0-10 lbs				X		Equipment, tools, trash, and recycling
11-20 lbs				X		"
21-35 lbs				X		"
36-50 lbs				X		"
50 + lbs		X				"
4. Carry	-	-	-	-	-	
0-10 lbs				X		Equipment, tools, trash, and recycling
						"



**KITSAP COUNTY**

614 Division St.  
Port Orchard WA 98366

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

Activity	Never 0%	Inter. 1-10%	Occas. 11-33%	Freq. 34-66%	Cont. 67+%	Further Description
11-20 lbs				X		
21-35 lbs				X		"
36-50 lbs				X		"
5. Pushing/ Pulling	-	-	-	-	-	
0-10 lbs				X		Equipment, tools, trash, and recycling
11-20 lbs				X		"
21-35 lbs				X		Lawn mowers, buffers, waxers, trash, and recycling
36-50 lbs				X		"
6. Climbing				X		Stairs and ladders
7. Twisting				X		Vacuuming, sweeping, and picking up trash
8. Reaching				X		Trash and other equipment
9. Grasping				X		Lawn mower, vacuum, mop, buffers, waxers, etc.
10. Stooing/ Bending				X		Picking up trash, spot removal on carpets and floors
11. Sitting		X				Truck
12. See/Hear/ Speak	-	-	-	-	-	
Sees Detail					X	Utilizing power equipment and working with electricity
Color Discrim.					X	"
Visual Displays			X			"
Audible Signals					X	Two-way radios
Oral Direction					X	Supervisors, co-workers, and the public
Other						



**KITSAP COUNTY**

614 Division St.  
Port Orchard WA 98366

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

Activity	Never 0%	Inter. 1-10%	Occas. 11-33%	Freq. 34-66%	Cont. 67+%	Further Description
13. Working Cond/Exp.	-	-	-	-	-	
Uneven Ground			X			Patrols Parks and Recreation grounds
Work Outside				X		"
Work Inside				X		Custodial and repair work
High Elevations				X		Ladders
Moving Objects				X		Traffic and equipment
Slippery Surface				X		Mopping floors
Wetness				X		Performing outdoor duties
Temp. Extremes		X				"
Confined Spaces		X				Supply closets
Special Clothing					X	Uniform and protective gear
Vibration				X		Vacuums, buffers, and waxers
Use of Solvents				X		Cleaning solvents
Use of Detergent				X		Cleaning detergents
Chemical Contact				X		Cleaning solvents and detergents
Chemical Vapors				X		"
Dust or Particles				X		Nuisance dust
14. Other						
15. Standing				X		
16. Squatting/ kneeling			X			
17. Crawling	X					
18. Foot Controls		X				
19. Hand Controls					X	



**KITSAP COUNTY**

614 Division St.  
Port Orchard WA 98366

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

Activity	Never 0%	Inter. 1-10%	Occas. 11-33%	Freq. 34-66%	Cont. 67+%	Further Description
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.

**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:**

---



---



---



---