



KITSAP COUNTY
 614 Division St.
 Port Orchard WA 98366

Employee Name: _____

DEPARTMENT: PUBLIC WORKS

PHYSICAL REQUIREMENTS: MECHANIC/LEAD MECHANIC

Positions in this class typically require:

- Work is performed primarily in a vehicle repair shop and outside in mining locations.
- Test-driving of vehicles is required.
- Must be able to work safely around heavy equipment and work in awkward positions such as operating tools while lying on your back under a vehicle.
- Exposure to loud noises, exhaust fumes, power tools and equipment is inherent in the job.
- Bending, stooping, reaching (over shoulders, at waist and below waist), walking, standing, adequate vision to operate power equipment, etc.
- Adequate vision sufficient to view gauges and traffic and other signals, to operate equipment and read instructions and plans.
- Able to communicate instructions, diagnosis and other important information.
- Hearing sufficient to respond to audible alarms, signals, radio and telephone.
- Exertion of force of up to 50 lbs. occasionally, and/or up to 35 pounds frequently, and/or up to 10 pounds continually to lift/carry/move objects and to operate a variety of power equipment.

Incumbents may be:

- Exposed to other physical hazards out in the field.
- Exposed to potentially hazardous conditions when dealing with disgruntled or hostile individuals.

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 repairs and other job tasks
2. Balance				X		Accessing equipment
3. Lifting	-	-	-	-	-	
0-10 lbs.					X	Hand tools and parts
11-20 lbs.					X	"
21-35 lbs.				X		Parts
36-50 lbs.			X			Parts, floor to waist intermittently overhead
50 + lbs.	X					
4. Carry	-	-	-	-	-	
0-10 lbs.				X		1ft to 50ft
						"



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11-20 lbs.				X		
21-35 lbs.			X			"
36-50 lbs.		X				"
5. Pushing/ Pulling	-	-	-	-	-	
0-10 lbs.				X		Removing and replacing parts
11-20 lbs.				X		Using bars and wrenches to remove and replace parts
21-35 lbs.			X			Using tools to remove and replace parts, pushing cart or rolling equipment
36-50 lbs.		X				"
6. Climbing			X			Stairs, ladders or accessing equipment
7. Twisting				X		Performing repairs or troubleshooting
8. Reaching			X			Performing repairs or troubleshooting
9. Grasping				X		Performing repairs or troubleshooting
10. Stopping/ Bending			X			Performing repairs or troubleshooting
11. Sitting			X			Operating a vehicle or working at desk/bench
12. See/Hear/ Speak	-	-	-	-	-	
Sees Detail					X	Repair manuals
Color Discrim.				X		Parts, wires and schematics.
Visual Displays			X			Diagnostic instruments displays, computers
Audible Signals				X		Traffic and safety equipment
Oral Direction				X		Supervisors and co-workers



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Other						
13. Working Cond/Exp.	-	-	-	-	-	
Uneven Ground		X				Walking to and doing repairs
Work Outside			X			"
Work Inside				X		Shop/office
High Elevations			X			Accessing equipment
Moving Objects			X			Hoists, lifts, and vehicles
Slippery Surface			X			Wet garage floor
Wetness			X			Outside weather and equipment rained on.
Temp. Extremes	X					N/A
Confined Spaces			X			Under vehicles and in machinery cabs
Special Clothing		X				Welding fabrication
Vibration				X		Pneumatic tools and equipment
Use of Solvents				X		Cleaning solvents
Use of Detergent			X			Degreasers and soaps
Chemical Contact				X		Oil, grease, lubricants, gas, and diesel
Chemical Vapors			X			"
Dust or Particles			X			Dirt and debris
14. Other						
15. Standing				X		Repairing vehicles and equipment
16. Squatting/ kneeling			X			"
17. Crawling		X				"
18. Foot Controls		X				Drill press



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19. Hand Controls			X			Tools and crane
20. Fine Finger Manipulation			X			Computer mouse
21. Repetitive motion						Computer keyboard
22. Proximity to mechanical parts					X	Repair Shop
23. Noise intensity			X			"
24. Explosives		X				Chemicals
25. Radiation	X					
26. Electricity			X			Equipment/vehcile start, charge and control systems

PHYSICIAN TO COMPLETE: (Please check appropriate item)

_____ Worker can fully perform the job with no restriction as of the date below.

_____ Worker requires restrictions to perform the job. The restrictions are described on the Activity Prescription Form (attached).

Additional Physician Comments:

Physician Signature

Printed Name

Address and Phone#

Date