



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

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

**DEPARTMENT: PUBLIC WORKS**

**PHYSICAL REQUIREMENTS: UTILITY OPERATIONS SUPERVISOR**

Work is performed primarily in an office environment. Positions in this class typically require:

- Primarily working at a wastewater treatment plant and plant laboratory environment.
- Exposure to wastewater and various toxic chemicals and noxious odors may present a hazard.
- Vision sufficient to read source materials, meters, gauges, operate computers and equipment and maintain logbooks.
- The incumbent is required to collect samples from the various stages of treatment, which includes bending, stooping, reaching and pulling motions.
- Requires exertion of force of 50 pounds occasionally with assistance, 25 pounds frequently and continuously to lift/carry/move objects and standard laboratory equipment, such as pipettes, glassware, knobs and switches.
- 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.
- Repetitive motions for computer/tool/equipment use.

Incumbents may be:

- Exposed to potentially hazardous conditions when violent or hostile individuals.
- Inclement weather (temperature extremes and slippery surfaces)
- Environmental hazards

**PHYSICAL AND MENTAL DEMANDS**

| Activity   | Never<br>0% | Inter.<br>1-10% | Occas.<br>11-33% | Freq.<br>34-66% | Cont.<br>67+% | Further<br>Description |
|------------|-------------|-----------------|------------------|-----------------|---------------|------------------------|
| 1. Walking |             | X               |                  |                 |               |                        |
| 2. Balance |             |                 |                  | X               | X             |                        |
| 3. Lifting | -           | -               | -                | -               | -             |                        |
| 0-10 lbs.  |             |                 | X                |                 |               |                        |
| 11-20 lbs. |             |                 | X                |                 |               |                        |
| 21-35 lbs. |             |                 | X                |                 |               |                        |
| 36-50 lbs. |             | X               |                  |                 |               |                        |
| 50 + lbs.  |             | X               |                  |                 |               |                        |
| 4. Carry   | -           | -               | -                | -               | -             |                        |
| 0-10 lbs.  |             |                 |                  | X               |               |                        |



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|--------------------------|-------------|-----------------|------------------|-----------------|---------------|------------------------|
| 11-20 lbs.               |             |                 | X                |                 |               |                        |
| 21-35 lbs.               |             |                 | X                |                 |               |                        |
| 36-50 lbs.               |             | X               |                  |                 |               |                        |
| 5. Pushing/<br>Pulling   | -           | -               | -                | -               | -             |                        |
| 0-10 lbs.                |             |                 |                  | X               |               |                        |
| 11-20 lbs.               |             |                 | X                |                 |               |                        |
| 21-35 lbs.               |             |                 | X                |                 |               |                        |
| 36-50 lbs.               |             | X               |                  |                 |               |                        |
| 6. Climbing              | X           |                 |                  |                 |               |                        |
| 7. Twisting              |             |                 | X                |                 |               |                        |
| 8. Reaching              |             |                 | X                |                 |               |                        |
| 9. Grasping              |             |                 |                  | X               |               |                        |
| 10. Stooing/<br>Bending  |             |                 | X                |                 |               |                        |
| 11. Sitting              |             |                 |                  |                 | X             |                        |
| 12. See/Hear/<br>Speak   | -           | -               | -                | -               | -             |                        |
| Sees<br>Detail           |             |                 |                  |                 | X             |                        |
| Color<br>Discrim.        |             |                 |                  |                 | X             |                        |
| Visual<br>Displays       |             |                 |                  |                 | X             |                        |
| Audible<br>Signals       |             |                 |                  |                 | X             |                        |
| Oral<br>Direction        |             |                 |                  | X               |               |                        |
| 13. Working<br>Cond/Exp. | -           | -               | -                | -               | -             |                        |



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|----------------------------|-------------|-----------------|------------------|-----------------|---------------|------------------------|
| Uneven Ground              | X           |                 |                  |                 |               |                        |
| Work Outside               |             | X               |                  |                 |               |                        |
| Work Inside                |             |                 |                  |                 | X             |                        |
| High Elevations            | X           |                 |                  |                 |               |                        |
| Moving Objects             | X           |                 |                  |                 |               |                        |
| Slippery Surface           |             | X               |                  |                 |               |                        |
| Wetness                    | X           |                 |                  |                 |               |                        |
| Temp. Extremes             | X           |                 |                  |                 |               |                        |
| Confined Spaces            | X           |                 |                  |                 |               |                        |
| Special Clothing           | X           |                 |                  |                 |               |                        |
| Vibration                  | X           |                 |                  |                 |               |                        |
| Use of Solvents            |             |                 | X                |                 |               |                        |
| Use of Detergent           |             | X               |                  |                 |               |                        |
| Chemical Contact           |             |                 |                  | X               |               |                        |
| Chemical Vapors            |             | X               |                  |                 |               |                        |
| Dust or Particles          | X           |                 |                  |                 |               | Nuisance dust          |
| 14. Other                  |             |                 |                  |                 |               |                        |
| 15. Standing               |             | X               |                  |                 |               |                        |
| 16. Squatting/<br>kneeling | X           |                 |                  |                 |               |                        |
| 17. Crawling               | X           |                 |                  |                 |               |                        |
| 18. Foot Controls          | X           |                 |                  |                 |               |                        |



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**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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