



# CITY OF KINGMAN – PHYSICAL/WORK CAPACITY

Date Created/Revised

January 2015

**CLASSIFICATION:** Finance Administrator

### Frequency Code Scale

N = Never	R = Rarely	O = Occasionally	F = Frequently	C = Constantly
Never Occurs	Less than 1 hour/week	Up to 1/3 of the time	From 1/3 to 2/3 of the time	2/3 or more of the time

Physical Demand	Frequency Code (Mark only one)	Description: (Check all that apply)	Physical Demand	Frequency Code (Mark only one)	Description: (Check all that apply)
Standing	<input type="checkbox"/> N <input type="checkbox"/> R <input checked="" type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input checked="" type="checkbox"/> Making Presentations <input type="checkbox"/> Observing work site <input checked="" type="checkbox"/> Observing/Conducting work duties <input checked="" type="checkbox"/> Communicating with co-workers	Pushing / Pulling	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input checked="" type="checkbox"/> F <input type="checkbox"/> C	<input checked="" type="checkbox"/> File Drawers <input checked="" type="checkbox"/> Equipment <input checked="" type="checkbox"/> Tables and Chairs <input type="checkbox"/> Hoses <input type="checkbox"/> Handling Patients/Suspects
Fine Dexterity	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input checked="" type="checkbox"/> F <input type="checkbox"/> C	<input checked="" type="checkbox"/> Computer Keyboard <input checked="" type="checkbox"/> Telephone Keypad <input checked="" type="checkbox"/> Calculator <input type="checkbox"/> Calibrating Equipment	Climbing	<input type="checkbox"/> N <input type="checkbox"/> R <input checked="" type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input checked="" type="checkbox"/> Stairs <input type="checkbox"/> Ladders <input checked="" type="checkbox"/> Step Stools <input type="checkbox"/> Onto Equipment <input type="checkbox"/> On/Out of Terrain <input type="checkbox"/> On/Out of Hole/Ditches/Work Site
Walking	<input type="checkbox"/> N <input type="checkbox"/> R <input checked="" type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input checked="" type="checkbox"/> To other departments/offices <input checked="" type="checkbox"/> Around work site	Vision	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> Reading <input checked="" type="checkbox"/> Computer Screen <input checked="" type="checkbox"/> Driving <input checked="" type="checkbox"/> Observing Work Site
Lifting	<input type="checkbox"/> N <input type="checkbox"/> R <input checked="" type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input checked="" type="checkbox"/> Supplies <input checked="" type="checkbox"/> Equipment <input checked="" type="checkbox"/> Files <input type="checkbox"/> Patients	Foot Controls	<input type="checkbox"/> N <input type="checkbox"/> R <input checked="" type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input checked="" type="checkbox"/> Driving <input type="checkbox"/> Operating Heavy Equipment <input type="checkbox"/> Operating Dictaphone
Carrying	<input type="checkbox"/> N <input type="checkbox"/> R <input checked="" type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input checked="" type="checkbox"/> Supplies <input checked="" type="checkbox"/> Equipment <input checked="" type="checkbox"/> Files	Balancing	<input type="checkbox"/> N <input checked="" type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input type="checkbox"/> On Ladders <input type="checkbox"/> On Equipment <input checked="" type="checkbox"/> On Step Stools
Sitting	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> Desk Work <input checked="" type="checkbox"/> Meetings <input checked="" type="checkbox"/> Driving	Bending	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input checked="" type="checkbox"/> F <input type="checkbox"/> C	<input checked="" type="checkbox"/> Filing in Lower Drawers/Shelves <input checked="" type="checkbox"/> Retrieving Items From Lower Shelves/Ground <input type="checkbox"/> Making Repairs <input type="checkbox"/> Assisting Patients
Reaching	<input type="checkbox"/> N <input type="checkbox"/> R <input checked="" type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input checked="" type="checkbox"/> For Supplies <input checked="" type="checkbox"/> For Files	Crouching	<input type="checkbox"/> N <input type="checkbox"/> R <input checked="" type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input checked="" type="checkbox"/> Filing in Lower Drawers/Shelves <input checked="" type="checkbox"/> Retrieving Items From Lower Shelves/Ground <input type="checkbox"/> Making Repairs <input type="checkbox"/> Assisting Patients
Handling	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input checked="" type="checkbox"/> F <input type="checkbox"/> C	<input checked="" type="checkbox"/> Paperwork <input checked="" type="checkbox"/> Monies	Hearing	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input checked="" type="checkbox"/> F <input type="checkbox"/> C	<input checked="" type="checkbox"/> Communicating Via Telephone/Radio, to co-workers/public <input checked="" type="checkbox"/> Listening to Equipment <input type="checkbox"/> Response to Call – Sirens <input type="checkbox"/> Response to Call/Training – Guns
Kneeling	<input type="checkbox"/> N <input checked="" type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input checked="" type="checkbox"/> Filing in Lower Drawers/Shelves <input checked="" type="checkbox"/> Retrieving Items From Lower Shelves/Ground <input type="checkbox"/> Making Repairs <input type="checkbox"/> Assisting Patients	Twisting	<input type="checkbox"/> N <input type="checkbox"/> R <input checked="" type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input checked="" type="checkbox"/> From Computer to Telephone/Radio <input checked="" type="checkbox"/> Getting Inside/Outside of Vehicle <input type="checkbox"/> Handling Patients/Suspects
Crawling	<input type="checkbox"/> N <input checked="" type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input checked="" type="checkbox"/> Under Equipment <input type="checkbox"/> Inside Attics/Pipes/Ditches	Talking	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input checked="" type="checkbox"/> F <input type="checkbox"/> C	<input checked="" type="checkbox"/> Communicating via telephone/radio, to co-workers/public <input checked="" type="checkbox"/> Communicating in person to co-workers/public
Other:	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C		Other:	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	

**Machines, Tools, Equipment and Work Aids:**

Copier/fax/scanner/printer, phone, vehicle, ID card machine, camera, typewriter

**Computer Equipment and Software:**

Personal Computers, keyboards, mouse, word processing, power-point, publisher, Trak-it, spreadsheet, internet search, database, outlook, Adobe and other required software.

**Environmental Factors:**

Environmental Conditions	Never	Seasonally	Several Times Per Month	Several Times Per Week	Daily
Extreme Temperature (heat, cold, extreme temp, changes from outside work)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wetness and/or Humidity (bodily discomfort from moisture)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Hazards (fumes, gases, chemicals, dust and dirt)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise and vibration (sufficient to cause hearing loss)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Hazards (high voltage, dangerous machinery, aggressive suspects, arrestees, patients – <u>not</u> customers)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Health and Safety Conditions:**

Health and Safety Conditions	N = Never	R = Rarely	O = Occasionally	F = Frequently	C = Constantly
<input type="checkbox"/> Per Shift ___ hrs per day; <input checked="" type="checkbox"/> Per One Work Week	Never Occurs	Less than 1 hour per week	1/3 or more of the time	From 1/3 to 2/3 of the time	2/3 or more of the time
Mechanical Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explosives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicable Diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Danger or Abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Specify -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Primary Work Location:**

<input checked="" type="checkbox"/> Office Environment	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Shop	<input type="checkbox"/> Vehicle
<input type="checkbox"/> Outdoors	<input type="checkbox"/> Recreation Centers/Neighborhood Centers
<input type="checkbox"/> Other: Specify -	

**Protective Equipment Required:**

None

**Job Demands:**

**Overall Strength Demands**

<input type="checkbox"/> Sedentary	Exerting up to 10 pounds occasionally or negligible weights frequently; sitting most of the time
<input checked="" type="checkbox"/> Light	Exerting up to 20 pounds occasionally, 10 pounds frequently, or negligible amounts constantly <b>AND/OR</b> walking or standing to a significant degree
<input type="checkbox"/> Medium	Exerting 20 – 50 pounds occasionally, 10 – 25 pounds frequently, or up to 10 pounds constantly
<input type="checkbox"/> Heavy	Exerting 50 – 100 pounds occasionally, 25 – 50 pounds frequently, or from 10 up to 20 pounds constantly
<input type="checkbox"/> Very Heavy	Exerting over 100 pounds occasionally, 50 – 100 pounds frequently, or from 20 up to 50 pounds constantly

**Non - Physical Demands**

	Frequently	Occasionally	Rarely	Never
Time Pressures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Situations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent Change of Tasks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Irregular Schedule/Overtime	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing Multiple Tasks Simultaneously	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working Closely with Others as Part of a Team	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tedious or Exacting Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noisy/Distracting Environment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Specify -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Employee Sign-Off:** I have read through the physical and have a good understanding of the requirements for my performance in this position and find it to be an accurate description of the physical/working demands of this position. I acknowledge it is incumbent upon me to seek clarification from my supervisor/manager for any questions I may have regarding the requirement/responsibilities/physical-working demands of my position. I also acknowledge that I can fulfill the essential functions of my position. Should I need to seek reasonable accommodation, I acknowledge I will contact my supervisor/manager or Human Resources to pursue options.

Employee Signature:	Date:
---------------------	-------

Employee Name Printed:
------------------------