



## CITY OF KINGMAN – PHYSICAL/WORK CAPACITY

Date Created/Revised

June 2015

**CLASSIFICATION:** Fire – Battalion Chief

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

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

Vehicle, telephone, 2-way radio, flashlight, camera, . Occasionally, medical equipment in response to patient care, fire equipment in response to calls for service.

<b>Computer Equipment and Software:</b>					
Microsoft Office, Records Management (Imagetrens and FireHouse), Computer Aided Dispatch, Mobile Data Terminals, AEGIS					
<b>Environmental Factors:</b>					
<b>Environmental Conditions</b>	<b>Never</b>	<b>Seasonally</b>	<b>Several Times Per Month</b>	<b>Several Times Per Week</b>	<b>Daily</b>
<u>Extreme Temperature</u> (heat, cold, extreme temp, changes from outside work)				X	
<u>Wetness and/or Humidity</u> (bodily discomfort from moisture)				X	
<u>Respiratory Hazards</u> (fumes, gases, chemicals, dust and dirt)			X		
<u>Noise and vibration</u> (sufficient to cause hearing loss)			X		
<u>Physical Hazards</u> (high voltage, dangerous machinery, aggressive suspects, arrestees, patients – not customers)			X		
<b>Health and Safety Conditions:</b>					
<b>Health and Safety Conditions</b>	<b>N = Never</b>	<b>R = Rarely</b>	<b>O = Occasionally</b>	<b>F = Frequently</b>	<b>C = Constantly</b>
<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			X		
Chemical Hazards			X		
Electrical Hazards			X		
Fire Hazards			X		
Explosives			X		
Communicable Diseases			X		
Physical Danger or Abuse			X		
Other: Specify -					
<b>Primary Work Location:</b>					
<input checked="" type="checkbox"/> Office Environment		<input type="checkbox"/> Warehouse			
<input type="checkbox"/> Shop		<input type="checkbox"/> Vehicle			
<input checked="" type="checkbox"/> Outdoors		<input type="checkbox"/> Recreation Centers/Neighborhood Centers			
<input type="checkbox"/> Other: Specify -					
<b>Protective Equipment Required:</b>					
Bunker Gear (Coat / Pants) Wildland PPE Protective Eyewear Helmet Hearing Protection Self-Contained Breathing Apparatus					
<b>Job Demands:</b>					
<b>Overall Strength Demands</b>					
<input type="checkbox"/> Sedentary	Exerting up to 10 pounds occasionally or negligible weights frequently; sitting most of the time				
<input 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 checked="" type="checkbox"/> Very Heavy	Exerting over 100 pounds occasionally, 50 – 100 pounds frequently, or from 20 up to 50 pounds constantly				

<input checked="" type="checkbox"/> Other	The employee must be able to successfully complete the established department physical performance assessment and physical performance evaluation as required by Kingman Fire Department Standard Operating Procedures.
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<b>Non - Physical Demands</b>				
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	Frequently	Occasionally	Rarely	Never
Time Pressures			X	
Emergency Situations		X		
Frequent Change of Tasks	X			
Irregular Schedule/Overtime	X			
Performing Multiple Tasks Simultaneously	X			
Working Closely with Others as Part of a Team	X			
Tedious or Exacting Work	X			
Noisy/Distracting Environment	X			
Other: Specify -				

**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:
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Employee Name Printed:
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