



## CITY OF KINGMAN – PHYSICAL/WORK CAPACITY

Date Created/Revised

February 2016

**CLASSIFICATION:**                    Engineering Technician I – CAD Operator

### 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	O	File Drawers Equipment Tables and Chairs Hoses Handling Patients/Suspects
Fine Dexterity	C	Computer Keyboard Telephone Keypad Calculator Calibrating Equipment	Climbing	F	Stairs Ladders Step Stools Onto Equipment On/Out of Terrain On/Out of Hole/Ditches/Work Site
Walking	F	To other departments/offices Around work site	Vision	C	Reading Computer Screen Driving Observing Work Site
Lifting	O	Supplies Equipment Files Patients	Foot Controls	O	Driving Operating Heavy Equipment Operating Dictaphone
Carrying	O	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	F	For Supplies For Files	Crouching	R	Filing in Lower Drawers/Shelves Retrieving Items From Lower Shelves/Ground Making Repairs Assisting Patients
Handling	F	Paperwork Monies	Hearing	F	Communicating Via Telephone/ Radio, to co-workers/public Listening to Equipment Response to Call – Sirens Response to Call/Training – Guns
Kneeling	R	Filing in Lower Drawers/Shelves Retrieving Items From Lower Shelves/Ground Making Repairs Assisting Patients	Twisting	F	From Computer to Telephone/ Radio Getting Inside/Outside of Vehicle Handling Patients/Suspects
Crawling	N	Under Equipment Inside Attics/Pipes/Ditches	Talking	F	Communicating via telephone/ radio, to co-workers/public Communicating in person to co-workers/public
Other (describe):	F	Specific vision abilities required by this driving focused job include: Close Vision Distance Vision Color Vision Peripheral Vision Depth Perception and Ability to Adjust Focus.	Other: (describe):		

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

Standard drafting tools, Motor vehicle, calculator, measuring devices and scales, computer, phones, printers, scanner, copier, fax

**Computer Equipment and Software:**

Personal Computers, keyboards, mouse, database, computer-aided design (AUTOCAD) software, Geographic Information Systems (GIS), word processing, spreadsheet, outlook and other Microsoft programs, departmental software (i.e., Trak-it).

**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)		X			
Wetness and/or Humidity (bodily discomfort from moisture)		X			
Respiratory Hazards (fumes, gases, chemicals, dust and dirt)	X				
Noise and vibration (sufficient to cause hearing loss)	X				
Physical Hazards (high voltage, dangerous machinery, aggressive suspects, arrestees, patients – not customers)	X				

**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	X				
Chemical Hazards	X				
Electrical Hazards	X				
Fire Hazards	X				
Explosives	X				
Communicable Diseases	X				
Physical Danger or Abuse	X				
Other: Specify - construction sites, uneven surfaces		X			

**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:**

Generally none except for visiting field: Safety Footwear (Steel-toed shoes), Safety glasses, Hard hats, Reflective safety vests, hearing protection, Gloves

**Job Demands:**

**Overall Strength Demands**

<input checked="" 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 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		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:
---------------------	-------

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