



CITY OF KINGMAN – PHYSICAL/WORK CAPACITY

Date Created/Revised

August 2015

CLASSIFICATION: Equipment Operator A (Streets)

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	F	File Drawers Equipment Tables and Chairs Hoses Handling Patients/Suspects
Fine Dexterity	F	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	F	Supplies Equipment Files Patients	Foot Controls	C	Driving Operating Heavy Equipment Operating Dictaphone
Carrying	F	Supplies Equipment Files	Balancing	F	On Ladders On Equipment On Step Stools
Sitting	F	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	F	Filing in Lower Drawers/Shelves Retrieving Items From Lower Shelves/Ground Making Repairs Assisting Patients
Handling	N	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	F	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	F	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):			Other (describe):		

Machines, Tools, Equipment and Work Aids:

Motorized vehicles and equipment, including back-hoe, dump truck, belly dump truck, water truck, asphalt patching truck, chip sealing machine, milling machine, fork lift, pick-up truck, utility truck, graders, loaders, oil boot truck, street sweeper/brooms, jetter/inductor truck, street rollers, man-lift, tamper, plate compactor, saws, pumps, compressors, sanders, generators, common hand and power tools,

shovels, push brooms, wrenches, detection devices, ditch witch, weed-eaters, chainsaws blowers, traffic control devices, cell phone, mobile radio and other related construction and maintenance equipment.

Computer Equipment and Software:

Personal Computers, keyboards, mouse, word processing, spreadsheet, outlook 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)		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 -					

Primary Work Location:

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

Protective Equipment Required:

Safety Footwear (Steel-toed shoes), Gloves, Safety goggles/glasses, dust masks, hard hats, hearing protection, safety reflective vest, face shield

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 type="checkbox"/> Light	Exerting up to 20 pounds occasionally, 10 pounds frequently, or negligible amounts constantly AND/OR 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 checked="" 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:
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Employee Name Printed:
