**Job Analysis Form**
Alternate Format Available

### SHORT FORM FOR PRE-EMPLOYMENT PHYSICALS


Physical Required: General physical, Diabetes, BP, Vision, Back strength and lifting, Hep B and TB.

**PATIENT NAME:** _________________________   **JOB TITLE:** Custodian

**DEPARTMENT:** Executive Services, Facilities Maintenance   **WORK SCHEDULE:** 40/week

**JOB DESCRIPTION:** The responsibilities of this classification include maintaining the cleanliness of interiors of various office and industrial facilities. This is the first level of a three-level Custodian classification series and is distinguished from the other levels because incumbents perform the day-to-day duties associated with maintaining the cleanliness of the interior of various facilities. Incumbents working at this level do not serve in a lead or supervisory role.

**WORK ENVIRONMENT:** Various Office Buildings

**ESSENTIAL FUNCTIONS:** Clean various types of floors; vacuum, sweep and mop floors. Clean, stock and sanitize restrooms, office areas, elevators, and various King County facilities including tables, chairs, toilets, showers, sinks and walls. As directed, mix and use cleaning solutions and chemicals. Dust, wash and vacuum surfaces. Request and stock various types of supplies. Empty trash. Arrange furniture for cleaning and move furniture during reorganizations. Secure facility for safe cleaning.

**Exposures:**

- [ ] Outside weather
- [ ] Non-weather related temp below 55°
- [ ] Non-weather related temp above 75°
- [ ] Humidity/dampness
- [x] Moving mechanical parts
- [ ] Exposed high places
- [x] Vibration
- [x] Toxic or caustic chemicals
- [ ] Confined spaces
- [x] Wet
- [x] Gasses
- [x] Fumes
- [ ] Odors
- [ ] Dusts
- [ ] Mists
- [ ] Radiation
- [ ] Explosives
- [ ] Noise Level ___________
- [ ] Other_________________

**Special Requirements:**

- [ ] CDL
- [ ] Respirator use

***Continued on next page.***
I have reviewed the following Job Analysis for the above-named candidate.

<table>
<thead>
<tr>
<th>PHYSICAL DEMAND</th>
<th>HRS PER SHIFT</th>
<th>PHYSICAL DEMAND</th>
<th>HRS PER SHIFT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standing</td>
<td>30 min – 1 hour</td>
<td>Reaching knee-waist</td>
<td>3 – 5 hours</td>
</tr>
<tr>
<td>Walking □ uneven terrain</td>
<td>3 – 6 hours</td>
<td>Reaching floor-knee</td>
<td>30 min – 1 hour</td>
</tr>
<tr>
<td>Sitting</td>
<td>0</td>
<td>Lifting/Carrying 1-10#</td>
<td>15 – 30 minutes</td>
</tr>
<tr>
<td>Climbing stairs</td>
<td>15 min – 1 hour</td>
<td>Lifting/Carrying 11-20#</td>
<td>5 – 15 minutes</td>
</tr>
<tr>
<td>Climbing</td>
<td>0</td>
<td>Lifting/Carrying 21-50#</td>
<td>5 – 20 minutes</td>
</tr>
<tr>
<td>Balancing</td>
<td>0 – 5 minutes</td>
<td>Lifting/Carrying 51-100#</td>
<td>0</td>
</tr>
<tr>
<td>Bending/Stooping</td>
<td>1 – 3 hours</td>
<td>Lifting/Carrying 100+##</td>
<td>0</td>
</tr>
<tr>
<td>Kneeling</td>
<td>15 min – 1 hour</td>
<td>Handling</td>
<td>3 – 5 hours</td>
</tr>
<tr>
<td>Crouching</td>
<td>15 min – 1 hour</td>
<td>Hand Controls</td>
<td>5 – 15 minutes</td>
</tr>
<tr>
<td>Crawling</td>
<td>0</td>
<td>Fingering □ keyboarding</td>
<td>1 – 3 hours</td>
</tr>
<tr>
<td>Foot controls</td>
<td>0 – 1 hour</td>
<td>Vision to assure safety of others</td>
<td>0</td>
</tr>
<tr>
<td>Reaching above shoulders</td>
<td>5 – 40 minutes</td>
<td>Hearing to assure safety of others</td>
<td>0</td>
</tr>
<tr>
<td>Reaching waist-shoulder</td>
<td>3 – 5 hours</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Physician’s Signature ___________________________ Date ___________________________