Job Analysis Form

ALTERNATE FORMAT AVAILABLE

King County

SHORT FORM FOR PRE-EMPLOYMENT PHYSICALS
A more detailed form is available on the web at http://www.metrokc.gov/ohrm/kcjabank/

PATIENT NAME: _____ JOB TITLE: Wastewater Engineer IV
DEPARTMENT: Natural Resources and Parks, Wastewater Treatment WORK SCHEDULE: 40 hours/week
JOB DESCRIPTION: Professional Engineer
WORK ENVIRONMENT: Office with some field & environmental exposure.
ESSENTIAL FUNCTIONS: Supervise and manage, design program and CAD program usage.
Review plans and specifications, inspect facilities and sewers in service.

PHYSICAL DEMAND	HRS PER SHIFT
Standing	0 - 1 hours
Walking ✓ uneven terrain	0 - 4 hours
Sitting	4 – 8 hours
Climbing stairs	0 - 10 minutes
Climbing ladders	0 - 5 minutes
Balancing	0 - 4 (terrain)
Bending/Stooping	0 -1 hour
Kneeling	0 – 5 minutes
Crouching	0 - 30 minutes
Crawling	0 – 5 minutes
Foot controls	0
Reaching above shoulders	0 – 1 hour
Reaching waist-shoulder	2 - 6 hours

PHYSICAL DEMAND	HRS PER SHIFT
Reaching knee-waist	0 -1 hour
Reaching floor-knee	0 - 15 minutes
Lifting/Carrying 1-10#	0 – 1 hour
Lifting/Carrying 11-20#	0 - 5 minutes
Lifting/Carrying 21-50#	0 - 5 minutes
Lifting/Carrying 51-100#	0 - 5 minutes
Lifting/Carrying 100+#	0
Handling	4 - 6 hour
Hand Controls	0 – 2 hours
Fingering ✓ keyboarding	2 – 6 hours
Vision to assure safety of others	0 – 1 hour
Hearing to assure safety of others	0 – 1 hour
Slippery surfaces – Sewer Inspection	0 – 1 hour

Exposures:
- ✓ Outside weather
- ✓ Non-weather related temp below 55°
- ✓ Non-weather related temp above 75°
- ___ Humidity/dampness
- ✓ Moving mechanical parts
- ___ Exposed high places
- ✓ Vibration
- ✓ Toxic or caustic chemicals
- ✓ Confined spaces
- ✓ Wet   ✓ Gasses
- ✓ Fumes   ✓ Odors
- ✓ Dusts   ✓ Mists
- ___ Radiation __ Explosives
- ✓ Noise Level __ 85 + ____
- ✓ Biological Agents *

Special Requirements:
- ☐ CDL   ✓ Respirator use

* Wastewater carries disease producing organisms

I have reviewed the following Job Analysis for the above-named employee.

_____ _____
Physician's Signature   Date