

# Job Analysis Form

Alternate Format Available



King County

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## SHORT FORM FOR PRE-EMPLOYMENT PHYSICALS

EMPLOYEE/PATIENT NAME: \_\_\_\_\_ JOB TITLE: **Transit Operator**

DEPARTMENT: Metro Transit WORK SCHEDULE: 40/week

JOB DESCRIPTION: Safely and efficiently operate a transit coach within King County.

WORK ENVIRONMENT: In the field and at bus bases. Time is spent working at various locations throughout the Bus Operations system. Uses everyday office equipment and supplies, as well as stooping and bending motions necessary to demonstrate procedures during training.

ESSENTIAL FUNCTIONS: Operate a transit coach using both hands on the steering wheel without interference. Interact appropriately with the public and co-workers. Assist passengers by operating an electronic lift or utilizing a ramp, lifting backing bus seats, and kneeling to secure wheelchairs with straps and seat belts. Respond to emergencies and apply braking and steering (to include pressure on arms, legs, and hands generated while bracing oneself during such maneuvers). Provide evacuation assistance to all customers, including physical assistance, as needed. Walk to/from the bus dispatch window and walk the distance equal to the length of the coach to collect personal items left by passengers. As needed, rapidly move in and out of the driver's seat and/or move from side to side to avoid physical assault. Call out stops on the intercom and answer passenger questions. Occasionally, reset the electrical poles on the trolleys. Must conduct a pre-trip of the transit coach daily and before every shift to ensure the coach will function correctly during a 2.5 – 8 hour operation; this involves bending, squatting, and reaching to physically check components of the transit vehicle. Must climb a short step to board the transit coach before sitting in the driver's seat.

Wheel blocks weigh up to 10 pounds. Employees may need to assist riders in a wheelchair, requiring push/pull force of 80 pounds (for 200 pound passenger). Overhead electrical poles require 27 pounds of force, with arms overhead. Rear engine compartment door requires up to 40 pounds of force to open. Other workplace hazards include traffic dangers, exhaust fumes, cleaning solvent vapors, wind coming through open door, and the general public, which may include angry, intoxicated, unsanitary or hostile persons.

Voluntary overtime is generally available to employees in this position. Frequency listed below is based on an 8-hour shift.

EMPLOYEE/PATIENT NAME: \_\_\_\_\_

PHYSICAL ACTIVITY	FREQUENCY	PHYSICAL ACTIVITY	FREQUENCY
Sitting	2.5 - 8 hrs	Twisting (of the neck)	1 min - 8 hrs
Standing	10 min - 2 hrs	Squatting/Kneeling	5 - 20 mins
Walking	5 - 15 mins	Foot controls	2.5 - 8 hrs
Lifting (floor - waist)	1 - 5 mins	Reaching (forward)	2.5 - 8 hrs
Lifting (waist - shoulder)	1 - 5 mins	Reaching (below waist)	5 - 20 mins
Lifting (above shoulder)	1 min	Reaching (above shoulder)	1 - 5 mins
Carry (distance)	2 - 5 mins	Handle/Grasp	1 min - 5 hrs
Pushing/Pulling while operating	2.5 - 8 hrs	Fine Finger Manipulation	1 - 15 min
Pushing/Pulling while assisting	2 - 5 mins	Hand controls	2.5 - 8 hrs
Climbing (steps to coach, stairs)	1 - 10 min	Talking	1 - 7 hrs
Balancing	1 min	Hearing	2.5 - 8 hrs
Stooping/Bending	5 - 20 mins	Repetitive motion, crawling, vibratory tasks	Driving is repetitive in nature. Some whole body vibration occurs when driving.

Environmental Conditions	Frequency	Environmental Conditions	Frequency
Exposure to weather	1 - 5 mins	Noise Intensity	1 - 5 mins
Extreme cold	1 - 5 mins	Atmospheric conditions	5 - 20 mins
Extreme hot	1 - 5 mins	Exposed heights	Never
Wet and/or humidity	5 - 20 mins	Exposure to electricity	1 - 5 mins
Proximity to moving mechanical parts	1 - 5 mins	Exposure to toxic/caustic chemicals	Never
Exposure to explosives	Never	Exposure to radiation	Never

EMPLOYEE/PATIENT NAME: \_\_\_\_\_

**MEDICAL PROVIDER:**

I agree that the employee can perform the physical activities described in this job analysis without restrictions and can begin work. State date employee is released to return to work if different from today's date: \_\_\_\_\_.

I agree the employee can perform the described job but only with modifications (describe in comments section).  
Modifications are needed on a permanent or temporary basis.

The employee **temporarily** cannot perform this job based on the following physical limitations:

\_\_\_\_\_.

Anticipated release date: \_\_\_\_\_.

Treatment plan: \_\_\_\_\_.

The employee is **permanently** restricted from performing the physical activities described in this job analysis based on the following physical limitations (state objective medical findings):

Comments:

\_\_\_\_\_ **Signature, Printed Name, and Stamp** \_\_\_\_\_ **Date**

Attending Physician

Consulting Physician

Pain Program Physician

IME Physician

PCE Therapist

OT/PT Therapist

PEP Physician