## Job Analysis Form Alternate Format Available



## SHORT FORM FOR PRE-EMPLOYMENT PHYSICALS

Physical Required: General p	hysical, Diabetes, BP,	Vision, Back strength and lifting a	nd Audiogram.	
PATIENT NAME: JOB TITLE: Engineer IV DEPARTMENT: Natural Resources, Solid Waste/Water & Land WORK SCHEDULE: 40 hours/ week JOB DESCRIPTION: Supervise construction managers as well as other project managers within area of responsibility. WORK ENVIRONMENT: Office with some environmental exposure. ESSENTIAL FUNCTIONS: Supervises work of engineering project managers. Projects range from providing ongoing support to the operation of solid waste facilities to large, complex multi-year capital projects reviews reports, including engineering reports which identify alternatives for addressing solid waste system needs, environmental reports which analyze and draw conclusions from large quantities of data and planning and budget reports. Attends meetings including staff meetings and meetings with regulatory and permitting agencies. Occasionally makes site visits to construction projects and current or former solid waste facilities.				Exposures:  _X_Outside weather Non-weather related temp below 55° Non-weather related temp above 75°  _X_Humidity/dampness _X_Moving mechanical partsExposed high places _X_Vibration _X_Toxic or caustic chemicalsConfined spaces
PHYSICAL DEMAND Standing Walking Investment of the standing Walking Investment of the standing Sitting Climbing stairs Climbing Ladder Balancing Bending/Stooping Kneeling Crouching Crawling Crawling Foot controls Reaching above shoulders Reaching waist-shoulder have reviewed the following	HRS PER SHIFT  2 - 6 hours  15 min -1 hour  2 - 6 hours  0 - 15 minutes  0 - 15 minutes	PHYSICAL DEMAND Reaching knee-waist Reaching floor-knee Lifting/Carrying 1-10# Lifting/Carrying 11-20# Lifting/Carrying 21-50# Lifting/Carrying 51-100# Lifting/Carrying 100+# Handling Hand Controls Fingering  keyboarding Vision to assure safety of others Hearing to assure safety of others Other	HRS PER SHIFT  0 – 15 minutes  0 – 15 minutes  15 min – 6 hours  0 – 30 minutes  0 minutes  0 minutes  1 – 2 hours  0 – 1.5 hour  15 min – 6 hours  0 – 30 minutes  0 – 30 minutes	X_Wet X_Gasses X_Fumes X_Odors X_Dusts X_MistsRadiation Explosive X_Noise Level 90Other Special Requirements: □ CDL □ Respirator use
Physician's Signature		Date		