



# Work Performance Test Ramsey County Public Works

## Job Position: Highway Maintenance Supervisor

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Age: \_\_\_\_\_

Handedness: R L

Essential Job Task	Perceived Exertion (1-10)	Description of Test & Comments	Met or Not Met?
Expectations of proper working/lifting techniques while performing job duties, using safety devices and co-worker assistance .		Review and instruct lifting techniques (4 lifts), body mechanics, etc.	Met Not Met
<b>Lifting/Carrying.</b> Equipment and materials weighing up to 50 lbs.		Horizontal carry <ul style="list-style-type: none"><li>30 lbs. 5 reps; 50 lbs. 1 rep.</li></ul> Waist to floor <ul style="list-style-type: none"><li>30 lbs. 5 reps; 50 lbs. 1 rep.</li></ul> Waist to shoulder <ul style="list-style-type: none"><li>30 lbs. 5 reps; 50 lbs. 1 rep.</li></ul>	Met Not Met Met Not Met Met Not Met
<b>Carrying.</b> Transfer equipment and tools around shop as needed.		Carry each item, one time, 25 ft. and lower to floor level. Once all items are transferred, return to original location. 50 lbs. box 50 lbs. 5 gallon pail	Met Not Met Met Not Met
<b>Climbing.</b> Will climb into/out of trucks throughout the day.		Climb to 2 <sup>nd</sup> rung simulating climbing in/out of trucks.	Met Not Met
<b>Push/Pull.</b> Removal of debris, dead animals, tree branches, etc. from road surfaces.		Pull 200 lbs. on sled for 25 ft. 2 repetitions.	Met Not Met
<b>Walking on uneven surfaces.</b> Uneven terrain throughout worksite (grass, rock, snow, inclines, etc.)		Walk 200 ft. over varied terrain.	Met Not Met
<b>Discussion of office desk/computer workstation design, sitting position, etc.</b>		Handouts discussed & provided.	Met Not Met
<b>Check</b>	<b>Employment Test Result</b>		
	Physical abilities <b>Do / Do Not</b> match the functional requirements of the job description.		
	Modifications of the job or changes in the applicant's physical abilities <b>Would / Would Not</b> be necessary in order to perform these tasks.		
	If job modifications or changes in applicant's physical abilities are needed a MOH physician or PA should review these test results		
	Reviewed by MOH Physician or Physician Assistant: <b>YES NO</b>		
	Name of PHYSICIAN: _____ Date: _____		

Comments: \_\_\_\_\_

Name of Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_

**Ramsey County will make the final determination based on if they are able to provide reasonable accommodations.**

***Send this sheet to employer***



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### Flexibility

Normal      Tight      Very Tight  
1      2      3      4      5

#### NECK

##### RIGHT

##### LEFT

Rotation

Side Bend

Flexion

Extension

### Strength

Normal      Good      Fair      Poor  
5      4      3      2

##### RIGHT

##### LEFT

#### SHOULDER

##### RIGHT

##### LEFT

Abduction

Adduction

Flexion

Extension

Int. Rotation

Ext. Rotation

H-adduction

H-abduction

Scratch test – IR

Scratch test – ER

##### RIGHT

##### LEFT

#### ELBOW

##### RIGHT

##### LEFT

Flexion

Extension

Pronation

Supination

##### RIGHT

##### LEFT

#### WRIST

##### HAND

Grip strength average

Low/High range

lbs.      lbs.

lbs.      lbs.

#### TRUNK/BACK

##### RIGHT

##### LEFT

Rotation

Side Bend

Flexion

Extension

##### RIGHT

##### LEFT

#### LOWER

##### EXTREMITIES

##### RIGHT

##### LEFT

Quadriceps

Hamstrings

Hip Flexion

Hip Adduction

Hip Abduction

Dorsiflexion

Plantarflexion

##### RIGHT

##### LEFT

Comments: