



Work Performance Test Ramsey County Job

Position: Engineering/Construction or Surveying Technician 1, 2, 3 & 4

NAME: _____ DATE: _____

Age: _____

Handedness: R L

Each person will don safety vest, hard hat, safety glasses, and gloves for entire assessment.

Essential Functions	Test Requirements	Met	Not Met?
Review and instruct lifting techniques (4 lifts), body mechanics, etc.	Expectations of proper working and lifting techniques while performing job duties.	Met	Not Met
Lift and carry sandbags weighing up to 50 lbs. occasionally.	Lifting 50 lbs. sand tub from waist height, carry 50 ft. and set at ground; reverse. 2 reps.	Met	Not Met
	Lifting 60 lbs. bag of cement, carry 50 ft. and set at ground; reverse. 2 reps.	Met	Not Met
	Lifting 65 lbs. tube (simulating monuments, jack hammer, etc.), carry 50 ft. and set at ground; reverse. 2 reps.	Met	Not Met
Two person lift/carry large equipment on/off truck.	Manhole covers, monuments, heavy totes of sand are completed two people: 80 lbs. large item lifted from ground, carried 25 ft., set at waist high; reverse.	Met	Not Met
One handed carry of toolbox.	Lift from ground, 60 lbs. bucket and carry 50 ft. (simulating 5 gallon bucket glass beads).	Met	Not Met
	Lift from ground, 70 lbs. bucket and carry 50 ft. (simulating 5 gallon pail latex paint).	Met	Not Met
Shovel sand/dirt/rock. When digging posts for signs.	Shovel for 30 repetitions with 10 lbs. attached to shovel end.	Met	Not Met
Sledgehammering. Break loose parts, ground, etc.	15 overhead swings (into tire) of sledgehammering,	Met	Not Met
Climb into back of truck bed/tailgate.	Climb on/off 30" surface, 2 reps.	Met	Not Met
Walking on uneven ground surfaces. Throughout the worksite (rock, mud, inclines, snow) etc.	Walk 200 feet on uneven terrain, over ground, rocks, embankments, etc.	Met	Not Met



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Check	Employment Test Result
	Physical abilities Do/ Do Not match the functional requirements of the job description.
	Modifications of the job or changes in the applicant's physical abilities Would / Would Not be necessary in order to perform these tasks.
	<p>Physician or PA reviewed form or was consulted because the applicant was not able to complete test or had difficulty completing the test due to extenuating circumstances.</p> <p>Reviewed by MOH Physician or Physician Assistant: YES NO</p> <p>Name of PHYSICIAN: _____ Date: _____</p>

Comments: _____

Name of Evaluator: _____ Date: _____

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

Send these 2 sheets to employer



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Flexibility

Normal Tight Very Tight
1 2 3 4 5

Strength

Normal Good Fair Poor
5 4 3 2

NECK

RIGHT

LEFT

Rotation _____
Side Bend _____
Flexion _____
Extension _____

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

Grip strength average _____ lbs.
Low/High range _____ lbs.

_____ lbs.

_____ lbs.

HAND

TRUNK/BACK

RIGHT

LEFT

Rotation _____
Side Bend _____
Flexion _____
Extension _____

RIGHT

LEFT

LOWER

RIGHT

LEFT

EXTREMITIES

Quadriceps _____
Hamstrings _____
Hip Flexion _____
Hip Adduction _____
Hip Abduction _____
Dorsiflexion _____
Plantarflexion _____

RIGHT

LEFT

Comments: _____