

Department of Labor and Industries
Review of Job Analysis and
Job Description
Physician Billing Codes:
1038M-Limit one per day
1028M-Each additional review,
up to five per workers per day

C: Constant

SWS Code: IC

| Worker:                       | Claim #:   |        |                |  |
|-------------------------------|------------|--------|----------------|--|
| Company:                      | Job Title: |        |                |  |
| Phone No:                     | Hours pe   | r day: | Days per week: |  |
| Employer Name (please print): |            | Title: |                |  |
| Employer Signature            |            |        | Date           |  |

## **Essential Job Duties**

**FREQUENCY DEFINITIONS** 

S: Seldom

N: Never

- 1. Organize and label the irrigation pipes and fittings in shed by type and size
- 2. Make list of parts needed that are not already in stock
- 3. Organize the chemicals and inventory/monitor for restock
- 4. Check to make sure sprinklers are all working and note location of broken ones

O: Occasional

- 5. Make list of parts not in stock needed to fix any broken sprinklers and give to purchasing agent
- 6. Be a parts runner for the irrigation system repairer(s). Go back to the warehouse and get them any parts or tools they need.

F: Frequent

## Machinery, tools, equipment and personal protective equipment:

Hand held label maker, stickers, pen, marker, step stool and clipboard.

| (not at all)<br>0 minutes | (1%-10% of t<br>up to 48 min. | , |   | (11%-3 |          | the time<br>rs., 25 | ,  | (34%-66% of the time)<br>2 hrs., 26 min. to 5 hrs., 35 min. | (67%-100% of the time)<br>more than 5 hrs., 36 min. |  |  |
|---------------------------|-------------------------------|---|---|--------|----------|---------------------|--|---|---|--|--|
| PHYSICAL                  | DEMANDS                       | N | S | REQUE  | NCY<br>F | С                   | DESCRIPTION OF TASKS   |   |   |  |  |
| Sitting                   |                               | X |   | + •    | †        |                     | No sitting except on breaks unless the job is modified.  |   |   |  |  |
| Standing                  |                               |   |   | Х      |          |                     | While inventorying or labeling bins of parts in shed.  |   |   |  |  |
| Walking                   |                               |   |   |        |          | Х                   | Around shed and around farm to inspect sprinklers.   |   |   |  |  |
| Climbing Step Stoo        | bl                            |   | Х |        |          |                     | May be necessary to access parts on the top shelves. A step stoo should be adequate vs. a ladder.  |   |   |  |  |
| Twisting at the Wai       | ist                           |   | Х |        |          |                     | May be necessary from step stool, or the stool may be moved at worker's discretion to access parts on top shelf.   |   |   |  |  |
| Bending / Stooping        | 3                             |   |   | Х      |          |                     | To reach parts on the lower shelves. Worker may use either body  |   |   |  |  |
| Squatting / Kneelin       | g                             |   | Х |        |          |                     | mechanics as preferred.  |   |   |  |  |
| Crawling                  |                               | Х |   |        |          |                     | Not required   |   |   |  |  |
| Reaching Out              | Worker's discretion           |   |   |        | Х        |                     | Worker will reach out to examine or move parts, also to affix labels to bins of parts.   |   |   |  |  |
| Working above sho         | oulder <b>R or L or Both</b>  | 1 | Х |        |          |                     | When placing or label parts on the top shelf.  |   |   |  |  |
| Handling / Grasping       | g R or L or Both              |   |   |        | Х        |                     | When handling parts, or hand controls on ATV.  |   |   |  |  |
| Fine Manipulation         | Dominant                      |   | Х |        |          |                     | When taking notes on location of broken sprinklers, making labels  |   |   |  |  |
| Keyboarding               |                               | Х |   |        |          |                     | Not required   |   |   |  |  |
| Wrist (flexion/exter      | nsion) RorLorB                | Х |   |        |          |                     | Not required   |   |   |  |  |
| Repetitive Motion         | R or L or B                   | Х |   |        |          |                     | Not required   |   |   |  |  |
| Vibratory Tasks           |                               | Х |   |        |          |                     | Not present  |   |   |  |  |
| Foot Controls / Driv      | ving                          |   |   | Х      |          |                     | Potentially, if the ATV is required to perform the tasks.  |   |   |  |  |
| Talking / Hearing /       | Seeing                        |   |   |        |          | х                   | Seeing is required for all essential functions, talking and hearing are not essential if worker can use a notepad. Worker talks with supervisor and other workers about what parts are needed. |   |   |  |  |

| Lifting / Pushing                              | Never          | Seldom         | Occasional     | Frequent      | Constant          |  |
|--|----------------|----------------|----------------|---------------|-------------------|--|
| Example  | <u>50</u> lbs. | <u>20</u> lbs. | <u>10</u> lbs. | <u>0</u> lbs. | <u>0</u> lbs.     |  |
| Lift: Worker's Discretion: left, right or both | lbs.           | Pipe 20 lbs.   | lbs.           | Bins 10 lbs.  | <u>1 − 5</u> lbs. |  |
| Carry DISTANCE 25 ft Both                      | lbs.           | <u>20</u> lbs. | lbs.           | lbs.          | lbs.              |  |
| Push / Pull R or L or Both: Bin full of parts  | lbs.           | <u>20</u> lbs. | 10_ lbs.       | lbs.          | lbs.              |  |

| Job Description Presented by:   |                     |  |                |                 |  |  |  |  |
|---|---------------------|--|----------------|-----------------|--|--|--|--|
| Signature:  |                     | Date:  |                |                 |  |  |  |  |
| Chandra Caine   |                     | 5/22/2015                                      |                |                 |  |  |  |  |
| Name (Please print):  |                     | Title:   |                |                 |  |  |  |  |
| Chandra Pat Caine, MS, CDMS   |                     | Vocational Rehabilitation Counselor WA # 11099 |                |                 |  |  |  |  |
| FOR HEALTH PROVIDER'S USE ONLY  |                     |  |                |                 |  |  |  |  |
| Provider Approval: ☐ Yes ☐ No   | Hours per day:      |  | Days per week: | Effective date: |  |  |  |  |
| If no, please provide objective medical documentation to support your decision. |                     |  |                |                 |  |  |  |  |
| Additional Modifications Required by Provider:                                  |                     |  |                |                 |  |  |  |  |
| Provider Signature  | Provider Name (Plea | ase  | print)         | Date            |  |  |  |  |