



**Employers' LINK-JOB DESCRIPTION**  
For Temporary Light Duty Work

WA 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 worker per day

**SWS Code: LM-M**

Worker:		Claim #:	
Company:		Job Title	Label Maker - <b>Modified</b>
Phone #:	Hours per day:	Days per week:	
Employer Name (please print):		Title:	
Employer Signature:		Date:	

**Essential Job Duties:**

1. Labels, labels, labels. Every department needs labels and tags for plants.
2. Enter label data into computer. Make paper labels and tags for plants.
3. Check with various departments to see what type of labels they need and get list.
4. Make labels: requires some computer training.
5. Deliver completed labels to their department.

**Machinery, tools, equipment and personal protective equipment**

Clip board or notebook, pen, computer, mouse, label paper or tags

**FREQUENCY DEFINITIONS**

<b>N: Never</b> (not at all) 0 minutes	<b>S: Seldom</b> (1%-10% of the time) up to 48 min.	<b>O: Occasional</b> (11%-33% of the time) 49 min. to 2 hrs., 25 min.	<b>F: Frequent</b> (34%-66% of the time) 2 hrs., 26 min. to 5 hrs., 35 min	<b>C: Constant</b> (67%-100% of the time) more than 5 hrs., 36 min.
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PHYSICAL DEMANDS	FREQUENCY					DESCRIPTION OF TASKS
	N	S	O	F	C	
Sitting			X			While working at the computer entering label data. As modified, worker may sit or stand at will.
Standing			X			At printer; speaking with supervisors about labels needed; inventory of label supplies. As modified, worker may sit or stand at will.
Walking			X			Around the nursery to each department to see what each supervisor needs and to deliver new labels.
Climbing Ladders / Stairs (circle one)	X					Not present
Twisting at the Waist	X					Not necessary
Bending / Stooping		X				May bend or squat at worker's discretion to reach something on a lower shelf or drawer.
Squatting / Kneeling		X				
Crawling	X					Not present
Reaching Out Both				X		Keyboarding, retrieving or placing supplies from/on shelves
Working above shoulder Either		X				May occur for items stored overhead.
Handling / Grasping Either				X		Computer mouse, labels
Fine Manipulation Either				X		Keyboarding, writing
Keyboarding Both				X		Entering label data in computer
Wrist (flexion/extension) Both		X				May occur during keyboarding. Modifications recommended will eliminate this demand.
Repetitive Motion Both				X		Keyboarding and using computer mouse
Vibratory Tasks	X					Not present
Foot Controls / Driving	X					Not present
Talking / Hearing / Seeing			X			To communicate with dept. supervisors about their needs and safety/shipping manager and instructor for computer skills.

Lifting / Pushing		Never	Seldom	Occasional	Frequent	Constant
<i>Example</i>		<u>50</u> lbs.	<u>20</u> lbs.	<u>10</u> lbs.	<u>0</u> lbs.	<u>0</u> lbs.
Lift	Either hand	___ lbs.	___ lbs.	___ lbs.	<u>2</u> lbs.	___ lbs.
Carry	<b>DISTANCE 100 FT</b> Either hand	___ lbs.	___ lbs.	<u>2</u> lbs.	___ lbs.	___ lbs.
Push / Pull	Either hand	___ lbs.	<u>1</u> lbs.	___ lbs.	___ lbs.	___ lbs.

**Modifications:**

Sit to stand workstation and adjustable ergonomic chair



**Tools:**

Computer and software for making labels if needed to create job.

**Training:**

Computer training for basic computer operating system and enough Microsoft Word to do this job.

**Job Description Presented by:**

Signature:

*Chandra Caine*

Date:

5/22/2015

Name (Please print):

Chandra Pat Caine, MS, CDMS

Title:

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.

**Modifications Required by Provider:**

- Sit to stand workstation to allow worker to alternate between sitting and standing at will.
- Adjustable ergonomic chair with lumbar support, waterfall front and headrest (if needed for neck injury, only) to maintain neutral posture and avoid pinching the sciatic nerve.

Provider Signature

Provider Name (Please print)

Date