



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: OA

Worker:		Claim #:	
Company:		Job Title:	
Phone #:	Hours per day:	Days per week:	
Employer Name (please print):		Title:	
Employer Signature:		Date:	

Essential Job Duties:

1. Remove sucker branches from cherry trees
2. Remove dead branches (not large limbs)
3. Pull nursery wagon. Throw branches and suckers into nursery wagon (may be modified by worker driving ATV pulling nursery wagon)
4. Consult with orchard manager for how to dispose of branches within physical limitations.
5. Check to make sure sprinklers are all working and note location of broken ones
6. Report broken sprinklers to Orchard Manager
7. Assist the orchard manager with mapping the orchard
8. When cherries are ripening, chase birds away from trees

Machinery, tools, equipment and personal protective equipment

Pruners, loppers, broom - something to wave at birds, pen, paper, clipboard, nursery wagon

PPE: gloves, safety glasses

Modification Equipment: ATV, gardening stool or seat kneelers. See "Orchard Assistant - Modified"

FREQUENCY DEFINITIONS

N: Never (not at all) 0 minutes	S: Seldom (1%-10% of the time) up to 48 min.	O: Occasional (11%-33% of the time) 49 min. to 2 hrs., 25 min.	F: Frequent (34%-66% of the time) 2 hrs., 26 min. to 5 hrs., 35 min	C: Constant (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				On breaks
Standing			X			At individual trees while pruning
Walking				X		Throughout orchard to check sprinklers; from tree to tree for pruning; back and forth to wagon
Climbing Ladders / Stairs (circle one)	X					Not required. Higher branches are not light duty job
Twisting at the Waist		X				As this is performed from the ground, worker may step to reach a branch or pivot and turn. Twisting could happen rarely.
Bending / Stooping Or (worker's choice) Squatting / Kneeling			X			While pruning suckers on lower part of trees or inspecting sprinkler heads. May be modified with gardening stool or kneeling seat. See Modified JA.
			X			
Crawling		X				If kneeling, worker may crawl one step to reach another sucker branch on opposite side of tree.
Reaching Out Both				X		To prune branches, to place branches in wagon
Working above shoulder B				X		To prune branches, to place branches in wagon
Handling / Grasping L or R				X		To prune branches, to place branches in wagon
Fine Manipulation L or R		X				To take notes about broken sprinklers and to map the orchard by noting varieties of trees
Keyboarding	X					
Wrist (flexion/extension) L or R			X			May occur while pruning branches
Repetitive Motion L or R			X			May occur while pruning branches
Vibratory Tasks	X					

Worker:

Claim No:

Orchard Assistant

PHYSICAL DEMANDS	FREQUENCY					DESCRIPTION OF TASKS
	N	S	O	F	C	
Foot Controls / Driving L, R, B	X					Not present. See Orchard Assistant - Modified
Talking / Hearing / Seeing					X	Seeing is an essential function, talking & hearing are not essential functions.

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 L or R or B	___ lbs.	___ lbs.	<u>10</u> lbs.	<u><5</u> lbs.	___ lbs.
Carry DISTANCE _____ L or R or B	___ lbs.	___ lbs.	<u>10</u> lbs.	___ lbs.	___ lbs.
Push / Pull Orchard wagon L or R or B	___ lbs.	___ lbs.	___ lbs.	<u>100</u> lbs.	___ lbs.

Job Description Presented by:

Signature: <i>Chandra Caine</i>	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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours per day:	Days per week:	Effective date:
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If no, please provide objective medical documentation to support your decision.

Additional Modifications Required by Provider:

Provider Signature	Provider Name (Please print)	Date
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