

Employers' LINK-JOB DESCRIPTION For Temporary Light Duty Work

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

PE-1-MX-SW

Worker:	Claim #:			
Company:	Job Title: MODIFIED; Sho		oulder/Wrist/Hand or Maintenance: Power House	
Phone No:	Hours per day:			Days per week:
Employer Name (please print):		Title:		
Employer Signature			Date:	

Foreman: Please refer to the Level 1 Mechanic Craft Classification Work Function List for training or modifications. **Essential Job Duties:**

- 1. Participate in pre-shift planning meeting, problem solving groups and safety meetings.
- 2. Perform Job Hazard Assessments, report unsafe conditions and complete work order for corrective action.
- 3. Document crew licenses and certifications are up to date and filed. If a license is expiring soon, contact crew member with a reminder memo.
- 4. Develop a Craft Wisdom Document: safety and skill training in the injured crew member's areas of greatest expertise. Take pictures of the machine or electrical unit and create a manual for those tasks for training future workers and contract labor. Schedule a demonstration. May use speech to text software.
- 5. Ensure that prior to starting a test, communications are made to other crafts, management, supervisors and Dispatch and Operations regarding the test.
- 6. Inspect equipment (within physical limitations) and document that after maintenance or repairs have been performed, the work space has been returned to operational status.
- 7. Gather information from appropriate parties to determine priorities for scheduling work and convey this information to the foreman.
- 8. Assess staff, materials and equipment to determine there are sufficient resources available to complete upcoming work orders. Document what is needed and who is responsible for ordering the materials and gain approval from engineer or foreman as appropriate. Create requisitions for materials, as allowed, and forward to purchasing department. Track estimated time of arrival for materials and report to foreman to schedule job. May require assistance to access parts above shoulder height. May need iPad with speech to text for recording notes when unable to write. Computer workstation must be modified to avoid static muscle loading or wrist flexion/extension.
- 9. Assist in troubleshooting process through data collection and verification. Document test results and submit to appropriate personnel.
- 10. Verify repairs have been performed if visual inspection can be performed within limitations. If not, work with a partner. Document equipment installation, maintenance & repair. Develop maintenance and repair logs.
- 11. Verify blueprints, P, C and ID's (piping, cable and instrumentation diagrams) and schematics contain the latest revisions. Gather all redline drawings from crew members. Work with another crew member to transfer redline corrections to As-Built drawings if dominant hand cannot be used. Archive previous redline versions.
- 12. Data entry: complete Maximo Records Management report, Daily Work Order report and weekly Percentage of Completion report as directed by foreman.

Machinery, tools, equipment and personal protective equipment description:

Computer, pen and paper, small hand tools, voltage meters, communication radio, cell phone, micrometer, dial indicators.







Modification Equipment Required:

*Articulating keyboard arm installed on table to eliminate shoulder hunching and wrist flexion/extension *Speech to text software for computer to limit use of injured dominant hand or shoulder. *iPad or Android Tablet for speech to text notetaking to limit use of injured dominant hand or shoulder. *Ergonomic chair suitable for the injured worker with pivoting padded armrests to relieve static muscle loading in shoulders.

	Y 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.		ı	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.			
_			FREQUENCY				P		
PHYS	ICAL DEMANDS	N	S	0	F	С	DESCRIPTION OF TASKS		
Sitting:					Х		While using computer, attending meetings, riding in utility cart, or a confined space attendant.		
Standing:			Х	Х			While observing equipment, as confined space attendant if able, repairing or replacing small parts.		
Walking:			Х				Around the plant. May use utility cart for transportation.		
Climbing Lad	ders / Stairs (circle one)	Х					Uses elevator. May limit where worker can go. May use scissor lift instead of ladder to access high areas.		
Twisting at th	e Waist		Х				May occur while accessing parts and supplies.		
Bending / Sto	oping:		Х				While accessing parts and supplies or performing light repairs or installations.		
Squatting / Kr	neeling:	Х	Х				May occur while accessing parts and supplies.		
Crawling:		Х					May be avoided.		
Reaching Out	Both				X		Working with tools for repairs, job-site modifications listed at Doctor, Please indicate ne		
Working abo				х	X	х	1	-	
Handling / Gr	asping Dominant			Х			Tools, mouse, pen, cart for traveling around plant.		
Fine Manipula	ntion Dominant			Х			Small parts, pen, writing.		
Keyboarding					X		For data entry, documenting task procedures and safety protocols. Doctor, Please indicate need for modification below.		
Wrist flexion	Both				Х		Some computer workstations may cause flexion. Doctor, Please indicate need for modification below.		
Repetitive M	otion Both				X		Keyboarding. Doctor, Please indicate need for modification below.		
Vibratory Tas	KS	X					None noted.		
Foot Controls	/ Driving		Х				When using motorized utility cart.		
Talking / Hear	ring / Seeing			X			Conversing with coworkers or supervisor about task at hand.		

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: R or L or B	<u>6</u> lbs.	lbs.	<u>5</u> lbs.	<u>1</u> lbs.	lbs.
Carry DISTANCE 5 ft Both - Use cart	<u>6</u> lbs.	lbs.	<u>5</u> lbs.	<u>1</u> lbs.	lbs.
Push / Pull R or L or B	<u>6</u> lbs.	lbs.	<u>5</u> lbs.	<u>1</u> lbs.	lbs.

Job Description Developed by:									
Signature: Chandra Caine		Date: 12/2/2015							
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: Articulating keyboard arm installed on table to eliminate shoulder hunching and wrist flexion/extension Speech to text software for computer to avoid typing iPad or Android Tablet for speech to text notetaking to limit use of injured dominant hand or shoulder Ergonomic chair with pivoting padded armrests to support forearms and prevent static muscle loading in shoulder Other:									
Provider Signature:	Provider Name (Plea	ase print):	Date:						