



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-1MX-H

Worker:	Claim #:		
Company:	Job Title: MODIFIED; Head Electrician: Construction 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:

- Workers who have had a TBI or concussion often retain the knowledge to do tasks they have done before; it is new tasks that present the most challenge. Tasks should be discussed at length with worker prior to commencing to determine if all phases are safe to perform. May need to limit work to tools that do not have a potential to shock worker. Worker should check in with supervisor frequently.
- Participate in pre-shift planning meeting, problem solving groups and safety meetings.
- Identify and report unsafe conditions and complete work order for corrective action.
- Inspect equipment (within physical limitations) and document that after maintenance or repairs have been performed, the work space has been returned to operational status.
- Make wire and conduit labels. Take plenty of time to verify accuracy.
- At workbench, inspect and repair electrical hand tools, mag lights, cords and test equipment. Rewire boxes. This task should be discussed at length with worker prior to commencing to determine if all phases are safe to perform. May need to limit work to tools that do not have potential to shock worker.
- Inventory and document the amount of cable left on spools. Update the document as cable is used and notify foreman when re-order point is reached.
- Gather materials, tools and equipment for work order. Obtain written list from supervisor, make sure tools are replaced in the proper place, take any tools in need of repair to tool person.
- Make a chart of what color tools belong in each department with a map of the home base for where specific tools are stored. Duplicate, laminate and have charts posted around plant to find tools quickly.

<p>Machinery, tools, equipment and personal protective equipment description:</p> <p>Pen and paper, small hand tools, communication radio, cell phone, cart for getting around powerhouse.</p>	<p>Modification Equipment Required:</p> <p>An electronic tablet for recording and or videoing supervisor's instructions and playing them as many times as necessary to remember what was said. Tablet may also be used for personal speech to text notes to record things before they are forgotten, to set alarm reminders when it is time to do tasks, to take pictures of documents or other written instructions. Training on how to use the tablet.</p> <p>Extra time to perform all tasks. Patience and reminders from supervisor and co-workers. Also a notebook/binder to keep any written material organized. A quiet place to work uninterrupted, with limited distractions.</p> <p>If worker fatigues easily, a utility cart may be needed for transportation around the powerhouse.</p> <p>If worker is experiencing headaches and dizziness, rest breaks and potentially a chair with a headrest if doctor recommends it (head injuries often include neck injuries).</p>	
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Worker:

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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.
PHYSICAL DEMANDS	FREQUENCY					DESCRIPTION OF TASKS
	N	S	O	F	C	
Sitting: Doctor, please circle how long worker may perform activity.				X	X	While using computer, at work bench, attending meetings, riding in utility cart. Can be adjusted by assigned duties per doctor's orders.
Standing: Doctor, please circle how long worker may perform activity.		X	X			While observing equipment, inventorying parts. Can be adjusted by assigned duties per doctor's orders.
Walking: Doctor, please circle how long worker may perform activity.		X	X			Around the plant. May use utility cart for transportation. Doctor please indicate if utility cart is required.
Climbing Ladders / Stairs (circle one)	X					Uses elevator. May limit where worker can go.
Twisting at the Waist		X				May occur while accessing parts and supplies.
Bending / Stooping:		X				While accessing parts and supplies. May substitute squatting or kneeling to avoid bending over.
Squatting / Kneeling:		X				May occur while accessing parts and supplies
Crawling:	X					Not present
Reaching Out Both				X		Working with tools for repairs, keyboarding.
Working above shoulder Dominant or Both			X	X	X	May need to reach parts that are above shoulder height. Some computer workstations may cause shoulder hunching. This may be modified with an articulating keyboard arm or electric table if there is also a neck or shoulder injury or it increases headaches. Doctor, Please indicate need for modification below.
Handling / Grasping Dominant			X			Tools, mouse, pen, cart for traveling around plant.
Fine Manipulation Dominant			X			Small parts, pen, writing.
Keyboarding				X		For data entry, documenting task procedures and safety protocols.
Wrist flexion Both				X		Some computer workstations may cause flexion.
Repetitive Motion Both				X		Keyboarding.
Vibratory Tasks	X					None noted.
Foot Controls / Driving			X			When using motorized utility cart.
Talking / Hearing / Seeing			X			Conversing with coworkers or supervisor about task at hand.

Lifting / Pushing	Never	Seldom	Occasional	Frequent	Constant
<i>Example</i>	50 lbs.	20 lbs.	10 lbs.	0 lbs.	0 lbs.
Lift: R or L or B	___ lbs.	___ lbs.	<u>10</u> lbs.	<u>1</u> lbs.	___ lbs.
Carry DISTANCE <u>5</u> ft Both - Use cart	___ lbs.	___ lbs.	<u>10</u> lbs.	<u>1</u> lbs.	___ lbs.
Push / Pull R or L or B	___ lbs.	___ lbs.	<u>5</u> lbs.	___ lbs.	___ lbs.

Job Description Developed by:	
Signature: <i>Chandra Caine</i>	Date: 2/12/2016

Worker:

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Link-Job Description: PE-1MX-H

Name (Please print): Chandra Pat Caine, MS, CDMS	Title: Vocational Rehabilitation Counselor WA # 11099
Job Description Approved by Foreman:	
Signature:	Date:
Name (Please print):	Title:

Worker:

Claim No:

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FOR HEALTH PROVIDER'S USE ONLY			
Provider Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours per day:	Days per week:	Effective date:
If no, please provide objective medical documentation to support your decision.			
Modifications Required by Provider: <ul style="list-style-type: none"><input type="checkbox"/> Needs to use utility cart for transportation due to _____<input type="checkbox"/> Electronic tablet for recording and/or videoing supervisor's instructions and playing them as many times as necessary.<input type="checkbox"/> Chair with a headrest to help relieve headaches during keyboarding, to take breaks from holding up weight of head with neck contributing to headaches or if there is a concurrent neck injury.<input type="checkbox"/> Articulating keyboard arm or electric table to avoid static muscle loading in neck and shoulders contributing to headaches and/or if there is a concurrent neck injury.<input type="checkbox"/> Other:			
Provider Signature:	Provider Name (Please print):	Date:	