



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-L

| | | | |
|-------------------------------|---|----------------|--|
| Worker: | Claim #: | | |
| Company: | Job Title: MODIFIED; Leg/Knee/Ankle/Foot 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:

1. Participate in pre-shift planning meeting, problem solving groups and safety meetings.
2. Identify and 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 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.
5. Act as confined space attendant if can be performed safely while seated outside the space. Record all necessary data for procedure.
6. Ensure that prior to starting a test, communications are made to other crafts, management, supervisors and Dispatch and Operations regarding the test, using phone, radio or email.
7. Make wire and conduit labels.
8. Gather information from appropriate parties by phone and email to determine priorities for scheduling work and convey this information to the foreman.
9. Assist in troubleshooting process through data collection and verification. Document test results and submit to appropriate personnel.
10. 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. Transfer redline corrections to as built drawings. Archive previous redline versions.
11. At workbench inspect and repair electrical hand tools, mag lights, cords and test equipment. Rewire boxes.
12. Data entry: Complete Maximo Records Management report, Daily Work Order report and weekly Percentage of Completion report as directed by foreman.

Worker:

Claim No:

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Machinery, tools, equipment and personal protective equipment description:

Computer, pen and paper, small hand tools, label maker, communication radio, cell phone.



Modification Equipment Required:

*May need a padded stool to rest out-stretched leg on.

*Sit to stand electric desk to sit or stand at will. Many knee injuries require a change of position while healing.

*Electric motor cargo scooter with hand controls to avoid walking around powerhouse; must have ample leg room for a cast. This may be required if worker cannot use an existing electrical cart that has foot controls.

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 | X | While using computer, attending meetings, riding utility scooter, or as confined space attendant. May use padded stool to prop up injured leg. *To sit/stand at will: worker will need an electric sit-stand workstation. *Doctor, Please indicate need for modification below. |
| Standing: Doctor, please circle how long worker may perform activity. | X | X | X | | | While observing equipment, as confined space attendant if able, repairing or replacing small parts. |
| Walking: Doctor, please circle how long worker may perform activity. | X | X | | | | Around the plant. May need electric cargo scooter* for transportation to workstation and around plant. Or may be driven by co-worker to workstation if worker is able to get to break room and rest room unaided. *Doctor, Please indicate need for modification below. |
| Climbing Ladders / Stairs (circle one) | X | | | | | Uses elevator. May limit where worker can go. May use scissor lift instead of ladder to access high areas. |
| Twisting at the Waist | | X | | | | May occur while accessing parts and supplies. |
| Bending / Stooping: | | X | | | | While accessing parts and supplies. |
| Squatting / Kneeling: | X | | | | | Not present. |
| Crawling: | X | | | | | Not present. |
| Reaching Out Both | | | | X | | Working with tools for repairs, keyboarding. |
| Working above shoulder Dominant or Both | | X | | | | May need to reach supplies that are above shoulder height. |
| 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. If the sit to stand workstation is purchased this may be eliminated by adjusting the table height to keep wrists straight. |
| Repetitive Motion Both | | | | X | | Keyboarding. |
| Vibratory Tasks | X | | | | | None noted. |
| Foot Controls / Driving | X | or | X | | | When using motorized utility cart. *Scooter with hand controls may be needed if worker cannot use foot controls. *Doctor, Please indicate need for modification below. |
| Talking / Hearing / Seeing | | | X | | | Conversing with coworkers or supervisor about task at hand. |

Worker:

Claim No:

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| 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: R or L or B | <u>11</u> lbs. | ___ lbs. | <u>10</u> lbs. | <u>1</u> lbs. | ___ lbs. |
| Carry DISTANCE <u>5</u> ft Both - Use cart | <u>11</u> lbs. | ___ lbs. | <u>10</u> lbs. | <u>1</u> lbs. | ___ lbs. |
| Push / Pull R or L or B | <u>11</u> lbs. | ___ lbs. | <u>5</u> lbs. | <u>1</u> lbs. | ___ lbs. |

Job Description Developed by:

| | |
|------------------------------------|--------------------|
| Signature: <i>Chandra Caine</i> | Date: 2/15/2016 |
|------------------------------------|--------------------|

| | |
|---|--|
| 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: |
|----------------------|--------|

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:

- Electric sit-stand workstation
- Electric cargo scooter with hand controls
- Padded stool to prop up injured leg/ankle
- Other:

| | | |
|---------------------|-------------------------------|-------|
| Provider Signature: | Provider Name (Please print): | Date: |
|---------------------|-------------------------------|-------|