



Employers'
LINK-JOB DESCRIPTION
For Temporary Light Duty Work

PE-2M-L

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

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. 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 if able to participate within physical limitations or have a helper do demonstration supervised by author of training manual.
4. Ensure that prior to starting a test, communications are made to other crafts, management, supervisors and Dispatch and Operations regarding the test.
5. Inspect equipment (within physical limitations) and document that after maintenance or repairs have been performed, the work space has been returned to operational status.
6. Make wire and conduit labels. Affix to wires and conduits if within reach without a ladder or use personnel lift. Notify supervisor of labels that cannot be installed.
7. Act as confined space attendant if can be performed safely while seated outside the space. Record all necessary data for procedure.
8. Gather information from appropriate parties to determine priorities for scheduling work and convey this information to the foreman.
9. Assess staff, materials and equipment (if accessible within injury limitations) 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.
10. Assist in troubleshooting process through data collection and verification. Document test results and submit to appropriate personnel.
11. Verify repairs have been performed if visual inspection can be performed within limitations. If not work with a partner. Document equipment installation, maintenance and repair. Develop maintenance and repair logs.
12. Verify blueprints, PC 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.
13. At workbench, inspect and repair electrical hand tools, mag lights, cords and test equipment. Rewire boxes.
14. Inventory and document the amount of cable left on spools (if accessible within injury limitations). Update the document as cable is used and notify foreman when re-order point is reached. Proceed as in Number 9.
15. 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.
16. Data entry: complete Maximo Records Management report, Daily Work Order report and weekly Percentage of Completion report as directed by foreman.

17. May perform regular job duties that are within the physical demands outlined in this job description.

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:

*Electric motor cargo scooter with hand controls



to avoid walking around powerhouse; must have leg room for a cast.



*Personnel lift for accessing high areas to avoid using a ladder.

*Rolling mechanic's stool for accessing low areas.



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		While using computer, doing bench work, attending meetings, riding in utility cart or scooter (see walking modification), or as confined space attendant. Can be adjusted by assigned duties per doctor's orders.
Standing:			X			While observing equipment, as confined space attendant if able, repairing or replacing small parts.
Walking:			X			Around the plant. May need electric cargo scooter* with hand controls for transportation around plant if unable to use existing electric cart with foot controls. Or must have access to plant cart. *Doctor, please indicate need for modification below.
Climbing Stairs:		X				Uses elevator, some stairs. Limits where worker can go. May use scissor lift instead of ladder to access high areas. * *Doctor, please indicate need for modification below.
Twisting at the Waist:		X				May occur while accessing parts and supplies.
Bending / Stooping:		X				While accessing parts and supplies or performing light repairs or installations. May use rolling stool for accessing low shelves*. *Doctor, please indicate need for modification below.
Squatting / Kneeling:			X			May occur while working on equipment or accessing parts . May use rolling stool for performing light low repairs or installations or accessing parts*. *Doctor, please indicate need for modification below.
Crawling:	X					Not required.
Reaching Out Both				X		Working with tools for repairs, keyboarding.
Working above shoulder Dominant or Both		X	X			May need to reach parts that are above shoulder height, or to affix labels to conduits.
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 existing motorized utility cart with foot pedals. May be modified with electric scooter that has hand controls. *Doctor, Please indicate need for modification below.
Talking / Hearing / Seeing			X			Conversing with coworkers or supervisor about task at hand.

Worker:

Claim No:

Link-Job Description: PE-2M-L

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: Both	<u>26</u> lbs.	<u>25</u> lbs.	<u>20</u> lbs.	<u>3</u> lbs.	<u>1</u> lbs.
Carry DISTANCE <u>5</u> ft Both - Use cart	<u>26</u> lbs.	<u>25</u> lbs.	<u>20</u> lbs.	<u>3</u> lbs.	<u>1</u> lbs.
Push / Pull Both	<u>26</u> lbs.	<u>25</u> lbs.	<u>20</u> lbs.	<u>3</u> lbs.	<u>1</u> lbs.

Job Description Developed by:

Signature: <i>Chandra Caine</i>	Date: 3/18/2016
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Name (Please print): Chandra Pat Caine, MS, CDMS	Title: Vocational Rehabilitation Counselor WA # 11099
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Job Description Approved by Foreman:

Signature:	Date:
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Name (Please print):	Title:
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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:
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If no, please provide objective medical documentation to support your decision.

Modifications Required by Provider:

- Electric cargo scooter with hand controls or
- Access to existing plant utility cart with foot controls
- Rolling stool for accessing low shelves to avoid squatting/kneeling
- Access to personnel lift
- Other:

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