



**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-4-NA

Worker:	Claim #:		
Company:	Job Title: MODIFIED; Neck/Thoracic/Shoulder 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 Level 3 Neck, Arm Electrician Craft Classification Work Function List for training/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.
4. Inspect equipment (within physical limitations) and document that after maintenance or repairs have been performed, the work space has been returned to operational status.
5. Make wire and conduit labels and affix to wires and conduits. Use personnel lift for any above shoulder height.
6. Act as confined space attendant. Record all necessary data for procedure.
7. Gather information from appropriate parties to determine priorities for scheduling work and convey this information to the foreman.
8. Locate parts and tools for upcoming work orders and organize them at the point of use.
9. 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 personnel lift 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. Document equipment installation, maintenance & repair.
12. At workbench inspect and repair electrical hand tools, mag lights, cords and test equipment. Rewire boxes.
13. Perform electrical testing: dole, hipot, meggering.
14. Change filters in the exciter cabinets.
15. Fabricate new electrical panels.
16. Make jigs for bends in conduits large and small.
17. Label testing spots job plan with pictures.
18. 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. Proceed with tasks as listed under number 8.
- 19. May perform regular job duties within restrictions outlined in job description.**

Worker:

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Machinery, tools, equipment and personal protective equipment description:
 Computer, pen and paper, small hand tools, voltage meters, communication radio, cell phone, micrometer, dial indicators, personnel lift.



Modification Equipment Required:
 *Access to plant personnel lift for above shoulder height work if restricted from ladder climbing.

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, attending meetings, doing bench repair work, riding in utility cart.
Standing:			X			While observing equipment, as confined space attendant, repairing/building equipment in one spot, installing labels.
Walking:				X		Around the plant.
Climbing Ladders / Stairs Both			X			Ladder use required for some tasks and to access some equipment.
Twisting at the Waist		X				May occur while accessing parts and supplies.
Bending / Stooping:		X	X			While accessing parts or performing light repairs or installations below waist level. May choose to bend, kneel or squat.
Squatting / Kneeling:		X				
Crawling:		X				May occur while performing light repairs or installations.
Reaching Out Both				X		Working with tools for repairs, keyboarding.
Working above shoulder Dominant or Both			X			May need to reach parts that are above shoulder height.
Handling / Grasping Dominant				X		Tools, mouse, pen, cart for traveling around plant.
Fine Manipulation Dominant				X		Small parts, wires, pen, writing.
Keyboarding		X				Minimal for data entry.
Wrist flexion Both		X				Some computer workstations may cause flexion.
Repetitive Motion Both			X			Using hand tools like screw drivers, wire strippers, wrenches, minimal 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>	<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>51</u> lbs.	<u>50</u> lbs.	<u>35</u> lbs.	<u>20</u> lbs.	<u>3</u> lbs.
Carry DISTANCE <u>5</u> ft Both - Use cart	<u>51</u> lbs.	<u>50</u> lbs.	<u>35</u> lbs.	<u>20</u> lbs.	<u>3</u> lbs.
Push / Pull R or L or B	<u>51</u> lbs.	<u>50</u> lbs.	<u>35</u> lbs.	<u>20</u> lbs.	<u>3</u> lbs.

Job Description Developed by:

Signature: <i>Chandra Caine</i>	Date: 3/16/16
Name (Please print): Chandra Pat Caine, MS, CDMS	Title: Vocational Rehabilitation Counselor WA # 11099

Worker:

Claim No:

Link-Job Description: PE-4-NA

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:			
Additional Modifications Required by Provider: <input type="checkbox"/> Access to plant personnel lift (if restricted from climbing ladders) for above shoulder height tasks. <input type="checkbox"/> Other:			
Provider Signature:	Provider Name (Please print):	Date:	