



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-NT

| | | | |
|-------------------------------|---|----------------|--|
| Worker: | Claim #: | | |
| Company: | Job Title: LEVEL 4; Low Back, Neck, Thoracic 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 3 Electrician Link Job Task List and modifications for each task.

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 area 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. 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. 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. Make wire and conduit labels at point of use and affix to wires and conduits.
8. Act as confined space attendant. Record all necessary data for procedure.
9. Assess staff, materials and equipment to determine there are sufficient resources to complete the task.
10. 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. Locate materials, tools and equipment when ready to start job.
11. Assist in troubleshooting process through data collection and verification. Document test results and submit to appropriate personnel.
12. Verify repairs have been performed. Document equipment installation, maintenance and repair. Develop maintenance and repair logs.
13. 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 10.
14. 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.
15. Map route for forklifts and personnel lifts to avoid going over grates. Map parking spots for same.
16. Act as an assistant to electrician by making whips and bundles of wires for current task.
17. **May participate in regular job duties that fall within the physical demands listed on PE-3 Link-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, hand held label maker, personnel lift.

Worker:

Claim No:

Link Job Description: PE-4-NT

| 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: | | | X | | | While using computer, attending meetings, riding in utility cart, or as confined space attendant. Can be adjusted by assigned duties per doctor's orders. Please note below. |
| Standing: | | | X | | | While observing equipment, as confined space attendant if able, repairing or replacing small parts. |
| Walking: | | | | X | | Around plant. May use cart for transportation. Can be adjusted by assigned duties per doctor's orders. Please note below. |
| Climbing Ladders / Stairs (circle one) | | X to | X | | | Stairs: around plant. Can be adjusted by assigned duties per doctor's orders. May use scissor lift instead of ladder if restricted. |
| Twisting at the Waist | | X | | | | May occur while accessing parts and supplies. |
| Bending / Stooping: | | | X | | | May occur while accessing parts and supplies or performing light repairs or installations. |
| Squatting / Kneeling: | | X to | X | | | May occur while accessing parts and supplies or performing light repairs or installations. Can be adjusted by assigned duties per doctor's orders. Please note below. |
| Crawling | | X | | | | May occur while performing light repairs or installations. |
| Reaching Out Both | | | | X | | Working with tools for repairs. |
| 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, pen, writing. |
| Keyboarding | | X | | | | For data entry, documenting task procedures and safety protocols. |
| Wrist flexion Both | | X | | | | Some computer workstations & some tool use may cause flexion. |
| Repetitive Motion Both | X | | | | | |
| 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>10</u> lbs. | <u>1</u> lbs. |
| Carry DISTANCE <u> </u> ft R or L or B | <u>51</u> lbs. | <u>50</u> lbs. | <u>35</u> lbs. | <u>10</u> lbs. | <u>1</u> lbs. |
| Push / Pull R or L or B | <u>51</u> lbs. | <u>50</u> lbs. | <u>35</u> lbs. | <u>10</u> lbs. | <u>1</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-NT

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