



Employers' LINK-JOB DESCRIPTION
For Temporary Light Duty Work

WA 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 worker per day

SWS Code: SA

Worker:		Claim #:	
Company:		Job Title Safety Assistant	
Phone #:	Hours per day: 4-8	Days per week:	
Employer Name (please print):		Title: Safety Director	
Employer Signature:		Date:	

Essential Job Duties:

1. Go around the farm and check all the first aid kits and restock them.
2. Check all the fire extinguishers to see if it is time to have them refilled and take any to store in Tri Cities where they have it done.
3. Travel farm and ask workers if they have noticed any safety hazards that should be brought up at safety committee meeting. Take notes and bring them to meeting.
4. Double check Material Safety Data Sheets (MSDS) binders in the field to make sure they have forms for all chemicals being used. File any new MSD Sheets. Inform safety director is any MSDS are missing.
5. Check to see if pesticide applicators' and fork lift drivers' certifications are up to date.
6. May research available trainings to maintain certifications for pesticides, fork lift driving, etc. and assist in making arrangements for training.
7. May watch safety videos.
8. May use Rosetta Stone software for learning English or Spanish.
9. May make rounds to make sure anything that is supposed to be locked up is.
10. Assist the safety director with other tasks as assigned.

Machinery, tools, equipment and personal protective equipment:

Paper and pen, may use computer, may drive car.

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 reviewing MSDS binders, while stocking first aid kits, while using computer, while driving.
Standing		X				While inspecting fire extinguishers, first aid kits, while talking to other workers.
Walking				X		While doing safety inspections around the farm.
Climbing Ladders / Stairs (circle one)	X					Not needed
Twisting at the Waist	X					Not needed
Bending / Stooping		X				May bend over to look at a fire extinguisher or during a safety inspection, or to get something from a low shelf or drawer. Worker may choose between bending/stooping or squatting/kneeling.
Squat ting / Kneeling		X				
Crawling	X					Not needed
Reaching Out Left, Right, Both				B		While replenishing first aid kits, handling fire extinguishers, driving, keyboarding.
Working above shoulder L, R, B		R				May need to reach above shoulder height to access something on a shelf or to reach fire extinguisher.

PHYSICAL DEMANDS	FREQUENCY					DESCRIPTION OF TASKS
	N	S	O	F	C	
Handling / Grasping L, R, B			R			While holding a pen, note book, mouse, first aid supplies, binders, may grasp steering wheel.
Fine Manipulation L, R, B		R	R			While writing or keyboarding.
Keyboarding L, R, B		B	B			Amount will vary by tasks needed, S to O
Wrist (flexion/extension) L, R, B		B	B			May or may not be present depending on computer workstation set up.
Repetitive Motion L, R, B		B	B			Keyboarding
Vibratory Tasks L, R, B	X					Not present
Foot Controls / Driving L, R, B			X			Driving: not present on a daily basis.
Talking / Hearing / Seeing					X	Seeing to constant, talking, hearing to occasional to hear instructions and to talk with other workers about safety issues.

Note to Provider: R is used to designate either 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 B	<u>10+</u> lbs.	<u>10</u> lbs.	<u>5</u> lbs.	<u>2</u> lbs.	<u>0</u> lbs.
Carry DISTANCE <u>20 feet</u> L, R, B	___ lbs.	<u>10</u> lbs.	___ lbs.	___ lbs.	___ lbs.
Push / Pull Door or drawer R	___ lbs.	<u>5</u> lbs.	___ lbs.	___ lbs.	___ lbs.

Job Description Presented by:

Signature: <i>Chandra Caine</i>	Date: 5/22/2015
Name (Please print): Chandra Pat Caine, MS, CDMS	Title: Vocational Rehabilitation Counselor WA # 11099

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.

Additional Modifications Required by Provider:

Provider Signature	Provider Name (Please print)	Date
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