



**Employers'**  
**LINK-JOB DESCRIPTION**  
*For Temporary Light Duty Work*

Washington 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

**LW-1MX-LE**

Worker:		Claim #:	
Company:		Job Title: <b>Line Worker: Level 1 Extra Modified – Lower Extremity</b>	
Phone No:		Hours per day:	Days per week:
HR/Supervisor Name (please print):		Title:	
Employer Signature		Date	
<p><b>Foreman:</b> <i>Please refer to the Level 1 Line Worker Craft Classification Work Function List for training or modifications.</i></p> <p><b>Essential Job Duties:</b></p> <ol style="list-style-type: none"> <li>1. Participate in pre-shift planning meeting, problem solving groups and safety meetings.</li> <li>2. Get handwritten Close Call Reports from foreman and enter information into company data base. Review Close Calls Reports on computer. Identify and complete work order for corrective action and/or follow up by phone or email with assigned worker to document the corrective action they have recommended.</li> <li>3. Review and update the Resident Service Handbook that governs responsibilities to customers. Interview employees, via emails and telephone, about what changes should be made and create a draft document in Word. This will require multiple administrative reviews for completion.</li> <li>4. Review the daily data sheets for power quality; analyze performance to determine if it is falling beneath standards and make recommendations to supervisor for equipment modification or repair to correct performance deficiencies.</li> <li>5. Gather information from appropriate parties to determine priorities for scheduling work and convey this information to the supervising foreman.</li> <li>6. 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 or work plans. Archive previous redline versions.</li> <li>7. Audit the day's invoices for line expenditures to make sure they are accurate. This will require some Excel training if the worker is not familiar with the application, 2-4 hours per day.</li> <li>8. Inventory all the computers and other electronic devices being used by the line department. Contact all line department employees by phone, radio or email and get the make model, and serial numbers of their devices and create a document in Word with the list.</li> <li>9. <b>May perform regular job duties that are within the physical demands outlined in this job description.</b></li> </ol>			
<p><b>Potential Training Needed:</b>          Worker will need basic skills in using a computer, creating documents in Word and using data entry application.</p>			
<p><b>Machinery, tools, equipment and personal protective equipment description:</b>          Computer, Stock Number Book, Pens, Clipboard</p>			

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**Modification Equipment Recommended:**



Adjustable height stool with glide base (not castors) if worker needs to elevate limb.



OR



Sitting - Standing Workstation to sit or stand at will if needed to vary positions for a knee or leg injury. This would also accommodate a wheel chair that needs a taller desk to get the wheelchair underneath it.



There are assistive devices for getting around with a cast or boot, some are hands-free and eliminate crutches. Worker should inquire of the doctor or PT about it as a medical appliance. May qualify as a job-site modification if the Link-Job cannot be done with crutches.

**FREQUENCY DEFINITIONS**

<b>N: Never</b> (not at all) 0 minutes	<b>S: Seldom</b> (1%-10% of the time) up to 48 min.	<b>O: Occasional</b> (11%-33% of the time) 49 min. to 2 hrs. 25 min.	<b>F: Frequent</b> (34%-66% of the time) 2 hrs. 26 min. to 5 hrs. 35 min.	<b>C: Constant</b> (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	Worker may change tasks throughout the day to accommodate physical capabilities. Worker may sit-stand at will using an electric sit stand desk. Worker may elevate injured limb. These tasks can be performed using a wheelchair.
Standing:	X	X				
Walking:	X	X				
Climbing Stairs:	X					These tasks are located in an office accessible by ramps.
Twisting at the Waist:	X					Not required.
Bending / Stooping:		X				Worker may bend to look in a drawer.
Squatting / Kneeling:	X					Not required.
Crawling:	X					Not required.
Reaching Out <b>Dominant</b>		X				Worker may reach to retrieve a supply.
Working above shoulder <b>Dominant or Both</b>	X					Not required.
Handling / Grasping R L <b>Both</b>		X				Worker may handle paper.
Fine Manipulation <b>Dominant</b>				X		Writing, taking notes
Keyboarding				X		Required for data entry, updating handbook or other documents needing to be created.*
Wrist flexion R L <b>Both</b>	X					Not required if adjustable desk is at proper height and risers are down on back of keyboard.*
Repetitive Motion R L <b>Both</b>	X					Not required.
Vibratory Tasks	X					Not required.
Foot Controls / Driving	X					Not required.
Talking / Hearing / Seeing			X			To communicate with supervisor and co-workers about tasks.

Lifting / Pushing	Never	Seldom	Occasional	Frequent	Constant
<i>Example</i>	50 lbs.	20 lbs.	10 lbs.	0 lbs.	0 lbs.
Lift: R L Both	lbs.	10 lbs.	lbs.	lbs.	lbs.
Carry: DISTANCE: R L Both	lbs.	lbs.	lbs.	lbs.	lbs.
Push / Pull R L Both	lbs.	lbs.	lbs.	lbs.	lbs.

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Job Description Developed by:			
Signature <i>Chandra Caine</i>		Date 3/30/2017	
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.			
<b>Modifications Required by Provider:</b>  Adjustable height stool with glide base (not castors) if worker needs to elevate limb. <input type="checkbox"/> Electric sitting standing workstation so that the worker may change positions at will, or needs extra height for a wheel chair to fit underneath it is needed. <input type="checkbox"/> Other:  Please address if the worker needs a mobility assistive device.			
Provider Signature	Provider Name (Please print)	Date	