

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-WH

Worker:		Claim #:	
Company:		Job Title: Line Worker: Level 1 Extra Modified – Wrist, Hand	
Phone No:		Hours per day:	Days per week:
HR/Supervisor Name (please print):		Title:	
Employer Signature		Date	






Foreman: *Please refer to the Level 1 Line Worker 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. Review Material Acquisitions for accuracy: Supervisor will assign worker to a line crew that is doing smaller one-day jobs. In the morning, take a look at left over parts from previous day's job; make a list. Look up the stock numbers for the left over items and make a list for the Supervisor. When crew returns, review the material list for that day's job with foreman to see if all the needed materials were there. Make a list of the missing items also, with stock numbers, and turn completed lists into Supervisor the next day. Worker may review left over items for multiple crews' small jobs. Worker stays at the yard at this level.
3. 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 with assigned worker to document corrective action they have recommended.
4. 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.
5. 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.
6. Gather information from appropriate persons to determine priorities for scheduling work and convey this information to the supervising foreman. *If no driving, worker may personally visit people to get information.*
7. Look at 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.
8. 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.
9. 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.
10. **May perform regular job duties that are within the physical demands outlined in this job description.**

Potential Training Needed:

Worker will need basic skills in using a computer, creating documents in Word and filling in cells in Excel for data entry. Worker may need to learn to use Dragon Dictate if needed to overcome inability to keyboard. The software trains itself to the user's voice and worker will need a quiet area to use it. Worker will also need to learn how to use a verbal note taking app. This could be in their cell phone or employer may supply a tablet as tool. iPad comes with apps for this and works with developers for apps to assist people with disabilities. A tablet/iPad, with larger touch buttons, may be easier with to use with a hand injury than a cell phone.

<p>Machinery, tools, equipment and personal protective equipment description:</p> <p>Computer Stock Number Book Pens, Clipboard Phone, Radio Or Tablet or Cell Phone for verbal note taking.</p>	<p>Modification Equipment Recommended:</p> <p>*Worker will need training in how to adjust the ergonomic chair and articulating keyboard arm to keep the keyboard at the ideal height and the chair at the right angle to prevent wrist extension or flexion.</p> <div style="display: flex; justify-content: space-around; align-items: center;">   <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Dictate notes on tablet or phone</p>  </div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;">    </div> <div style="margin-top: 10px;">  </div>	<p>Modification Equipment Required:</p> <ul style="list-style-type: none"> *Articulating keyboard arm installed on table to eliminate shoulder hunching and wrist flexion/extension *Speech to text software for computer to limit use of injured dominant hand or shoulder. *iPad or Android Tablet for speech to text notetaking to limit use of injured dominant hand, wrist or arm. *Ergonomic chair suitable for the injured worker with pivoting padded armrests to to relieve static muscle loading in shoulders and forearms, or rest a casted arm.
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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*		Worker may change tasks throughout the day to accommodate physical capabilities. Computer workstation may be *modified with chair and keyboard positioning as described.
Standing:			X			
Walking:			X			
Climbing Stairs:		X				There are short flights of stairs at the yard for accessing different places in company yard.
Twisting at the Waist:		X				May occur while looking at things. Worker may pivot instead.
Bending / Stooping:		X				Worker may bend to look at parts in tubs for task Number 2.
Squatting / Kneeling:	X					Not required.
Crawling:	X					Not required.
Reaching Out Dominant		X				Worker may reach to look at parts or retrieve a supply.
Working above shoulder Dominant or Both	X					Not required.
Handling / Grasping R L Both		X				Worker may handle parts to identify them
Fine Manipulation Dominant			X*			Writing, taking notes. *May be modified by using Speech to Text software in a tablet or phone for taking notes.
Keyboarding			X*			Required for data entry, updating handbook or other documents needing to be created. *May be modified by using Speech to Text software in the computer to avoid typing if the recommended ergonomic adjustments to the chair and keyboard are insufficient.
Wrist flexion R L Both	X*					*Not required if MODIFIED with adjustable desk is at proper height and risers are down on back of keyboard or may attach a REARWARD SLOPING keyboard arm to desk. This also keeps shoulders relaxed.*
Repetitive Motion R L Both	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.

Worker:

Claim No:

Link-Job: Line Worker 1 Extra Modified – Wrist Hand

Lifting / Pushing	Never	Seldom	Occasional	Frequent	Constant
<i>Example</i>	<i>50 lbs.</i>	<i>20 lbs.</i>	<i>10 lbs.</i>	<i>0 lbs.</i>	<i>0 lbs.</i>
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.

Job Description Developed by:

Signature <i>Chandra Caine</i>	Date 3/22/2017
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
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If no, please provide objective medical documentation to support your decision.

Modifications Required by Provider:

Ergonomic chair suitable for the injured worker with pivoting padded armrests if needed to relieve static muscle loading in shoulders and forearms, or rest a casted arm.

Articulating keyboard arm installed on table/desk to eliminate wrist flexion/extension.

Speech to text software for computer to limit use of injured dominant hand or wrist.

iPad or Android Tablet for speech to text notetaking to limit use of injured dominant hand or wrist.

Other:

Provider Signature	Provider Name (Please print)	Date
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