

Washington Department of Labor and Industries
Review of Job Analysis and Job Description
Physician Billing Codes:
1038MJ imit one per day

1038M-Limit one per day 1028M-Each additional review, up to five per workers per day

LW-4-B

Worker:	Claim #:			
Company:	Job Title: Line Worker: Level 4 - Back			
Phone No:	Hours pe	er day:	Days per week:	
HR/Supervisor Name (please print):		Title:		
Employer Signature			Date	
		. Б.:		

**Essential Job Duties:** Worker to be assigned to assist a Serviceman. Duties to be assigned by Serviceman within physical restrictions.

- 1. Participate in pre-shift planning meeting, problem solving groups and safety meetings.
- 2. Travel to work sites to perform installation, repair or maintenance work.
- 3. Erect barriers around work areas.
- 4. Assist in servicing insulating/fireproofing materials.
- 5. Inspect and test power lines and auxiliary equipment to locate and identify problems, using reading and testing instruments.
- 6. Assemble mechanical components or machine parts. Assembly may be performed in the shop or on-site if within physical abilities.
- 7. Perform repairs on electrical circuits, wiring, or other electrical components or equipment, in the shop or field.
- 8. Patrol and inspect transmission and distribution lines and equipment, and make a report of findings to supervisor.
- 9. Perform switching and other mechanical duties as required. Duties may include testing electrical load on primary and secondary components or testing of circuits and components.
- 10. Install, maintain, and repair electrical distribution and transmission systems, including conduits, cables, wires, and related equipment, such as transformers, circuit breakers, watt-hour meters and switches.
- 11. Perform routine maintenance on equipment, including adjusting and lubricating components, and painting worn or exposed areas.
- 12. From a bucket, install new parts and components to repair street lights.
- 13. Act as first responder to electrical hazards including disturbed or fallen lines. Open switches or attach grounding devices to remove electrical hazards and/or facilitate repairs. Assist others to troubleshoot, repair, and restore electric service due to line faults, isolated customer outages, and other emergency outages caused by storms, floods, and accidents.
- 14. Demonstrate equipment to customers and explain how it is to be used, and respond to any inquiries or complaints.
- 15. May perform regular job duties that are within the physical demands outlined in this job description.

Machinery, tools, equipment and personal protective equipment description:	Modifications from regular work:  No lifting over 50 pounds. At this level the job is mostly in the field
Safety vest and hard hat	and requires driving or riding in a service truck all day.
Serviceman hand tools	There may be some assembly work done in the warehouse, but not
Service truck with boom	every day.
Forklift	
Pen, clipboard	
May use computer	

FREQUENCY DEFINITIONS  N: Never S: Seldom O: Occasional						F: Frequent	C: Constant		
(not at all) 0 minutes	(1%-10% of the time) up to 48 min.	(11%-33% of the time) 49 min. to 2 hrs. 25 min.					(34%-66% of the time) 2 hrs. 26 min. to 5 hrs. 35 min.	(67%-100% of the time) more than 5 hrs. 36 min.	
	FREQUENCY								
PHYS	SICAL DEMANDS	N	S	0	F	С	DESCRIPTION OF TASKS		
Sitting:					Х		Sitting in the service truck up to one hour at a time going or two hours on the way back to the shop. Work varies throug the day, in and out of the truck to do tasks for up to one ho each location. Work varies from day to day.		
Standing:				X					
Walking:				X					
Climbing Sta Stepping up bucket:	airs: o into truck or into		X	X			There are short flights of stairs at the yard for accessing the company vehicles. Climbing in and out of large service truck. Climbing into aerial bucket. Accessing customer sites.		
Twisting at	the Waist:		X				May occur while driving or looking at lines and right of ways of accessing something from the aerial bucket.		
Bending / S	tooping:		X	X			Worker may bend to work on electrical components or equipm or use the alternate body mechanics of squatting/kneeling.		
Squatting /	Kneeling:		X	X					
Crawling:			X				May be required briefly to access underground cable or custor hook-up.		
Reaching O	ut <b>Both</b>			X	X		Driving, performing inspections and repairs. In this level 4 Link-Jo the worker will be paired with a Serviceman, so riding is required but not driving, unless workers decide to take turns driving.		
Working ab	ove shoulder or Both		Х	Х			Inspecting or repairing components. If possible the aerial bucket placed to minimize above shoulder work.		
Handling / (	Grasping <b>Both</b>			X	Х		Driving, performing inspections/repairs.		
Fine Manip	ulation <b>Dominant</b>			X			Writing		
Keyboardin	g	Х	X				Not required for some tasks, but may be required for data entry.		
Wrist flexio	n <b>Both</b>		X	X			Repairs, installation or building components using hand tools.		
Repetitive N	Motion <b>Both</b>	Х					Not required.		
Vibratory Ta	asks		X				Not required for operating equipment. Some unpaved roads may vibrate truck steering wheel.		
Foot Contro	ols / Driving			Х			Automatic transmission service truck.		
Talking / He	earing / Seeing			X			To communicate with supervisor and co-workers about tasks.		

Lifting / Pushing	Never	Seldom	Occasional	Frequent	Constant
Example	<u>50</u> lbs.	<u>20</u> lbs.	<u>10</u> lbs.	<u>0</u> lbs.	<u>0</u> lbs.
Lift: Both	51 lbs.	50 lbs.	35 lbs.	20 lbs.	3 lbs.
Carry: DISTANCE: 20 ft. Both	51 lbs.	50 lbs.	35 lbs.	20 lbs.	3 lbs.
Push / Pull: Both	51 lbs.	50 lbs.	35 lbs.	20 lbs.	3 lbs.

Job Description Developed by:					
Signature Chandra Caine	Date 8/12/16				
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 ☐ Yes ☐ 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 (Plea	se print)	Date				