



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-4-LE

Worker:		Claim #:	
Company:		Job Title: Line Worker: Level 4 – Lower Extremity	
Phone No:		Hours per day:	Days per week:
HR/Supervisor Name (please print):		Title:	
Employer Signature		Date	
<p>Essential Job Duties: Worker to be assigned to assist a Serviceman. Duties to be assigned by Serviceman within physical restrictions.</p> <ol style="list-style-type: none"> 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. 			
<p>Machinery, tools, equipment and personal protective equipment description:</p> <p>Safety vest and hard hat Serviceman hand tools Service truck with boom Forklift Pen, clipboard May use computer</p>		<p>Modifications from regular work:</p> <p>No lifting over 50 pounds. At this level the job is mostly in the field and requires driving or riding in a service truck all day. There may be some assembly work done in the warehouse, but not every day.</p>	

Worker:

Claim No:

Link-Job: Line Worker 4 – Lower Extremity

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		Sitting in the service truck up to one hour at a time going out, up to two hours on the way back to the shop. Work varies throughout the day, in and out of the truck to do tasks for up to one hour at each location. Work varies from day to day.
Standing:			X			
Walking:			X			
Climbing Stairs: Stepping up into truck or into bucket:		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 or accessing something from the aerial bucket.
Bending / Stooping:		X	X			Worker may bend to work on electrical components or equipment or use the alternate body mechanics of squatting/kneeling.
Squatting / Kneeling:		X	X			
Crawling:		X				May be required briefly to access underground cable or customer hook-up.
Reaching Out Both			X	X		Driving, performing inspections and repairs. In this level 4 Link-Job, the worker will be paired with a Serviceman, so riding is required but not driving, unless workers decide to take turns driving.
Working above shoulder Dominant or Both		X	X			Inspecting or repairing components. If possible the aerial bucket is placed to minimize above shoulder work.
Handling / Grasping Both			X	X		Driving, performing inspections/repairs.
Fine Manipulation Dominant			X			Writing
Keyboarding	X	X				Not required for some tasks, but may be required for data entry.
Wrist flexion Both		X	X			Repairs, installation or building components using hand tools.
Repetitive Motion Both	X					Not required.
Vibratory Tasks		X				Not required for operating equipment. Some unpaved roads may vibrate truck steering wheel.
Foot Controls / Driving			X			Automatic transmission service truck.
Talking / Hearing / Seeing			X			To communicate with supervisor and co-workers about tasks.

Lifting / Pushing	Never	Seldom	Occasional	Frequent	Constant
<i>Example</i>	<u>50 lbs.</u>	<u>20 lbs.</u>	<u>10 lbs.</u>	<u>0 lbs.</u>	<u>0 lbs.</u>
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 <i>Chandra Caine</i>	Date 3/31/2017
Name (Please print) Chandra Pat Caine, MS, CDMS	Title Vocational Rehabilitation Counselor WA # 11099

Worker:

Claim No:

Link-Job: Line Worker 4 – Lower Extremity

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.			
Additional Modifications Required by Provider:			
Provider Signature	Provider Name (Please print)		Date