

APPENDIX C

Department of Labor and Industries

Physician Billing codes

Review of Job Analysis and Job Description

1038M-Limit one per day

1028M-Each additional review, up to five per worker per day



# EMPLOYER'S JOB DESCRIPTION

- Job of Injury
- Permanent Modified Job
- Light duty/Transitional

Worker		Claim #	
Company		Job Title Fire & Safety Watchman	
Phone #	FAX#	Hours per day	Days per week
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties**

Monitor the jobsite to protect against vandalism, theft and fire during periods of working or non-working hours. Will not be required to perform any law enforcement functions or major firefighting duties other than to notify the appropriate person(s) or agencies if suspicious activity or fire occurs. May be required to use a portable fire extinguisher to extinguish a fire in its incipient stage. May be responsible for safety watch for single-machine operations or fallers in remote areas. May be responsible for completing Fire Truck Inspection field cards. May work day or night shifts.

**Machinery, tools, equipment and personal protective equipment**

Cell phone; two-way radio; safety forms

**Frequency Guidelines**

**N:** Never (not at all)

**S:** Seldom (1-10% of the time)

**O:** Occasional (11-33% of the time)

**F:** Frequent (34%-66% of the time)

**C:** Constant (67%-100% of the time)

**Physical Demands**

**Frequency**

**Description of Task (80 characters)**

Physical Demands	Frequency	Description of Task (80 characters)
Sitting	F	Sitting in chair or vehicle
Standing	O	Standing on mostly level road
Walking	O	Walking on mostly level ground
Climbing Ladders/Stairs	S	Depending on need to access facilities
Twisting at the waist	N	N/A
Bending/ Stooping	N	N/A
Squatting/Kneeling	N	N/A
Crawling	N	N/A
Reaching Out	N	N/A
Working above shoulders	N	N/A
Handling/Grasping	N	N/A
Fine Finger Manipulation	N	N/A
Foot Controls/Driving	O	Riding in a vehicle (to and from work)
Repetitive Motion	N	N/A
Talking/Hearing/Seeing	N	N/A
Vibratory Tasks	N	N/A
Lifting (N/A) lbs	N	N/A
Carrying (N/A) lbs	N	N/A
Pushing/Pulling (N/A) lbs	N	N/A

Comments/Other: (270 Characters)

**FOR HEALTH PROVIDER'S USE ONLY**

<b>Provider Approval</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Hours per day</b>	<b>Days per week</b>	<b>Effective date</b>
If no, please provide objective medical documentation to support your decision.			
Provider Signature	Provider Name (Please print)	Date	



# EMPLOYER'S JOB DESCRIPTION

- Job of Injury
- Permanent Modified Job
- Light duty/Transitional

Worker		Claim #	
Company		Job Title	Flagger
Phone #	FAX#	Hours per day	Days per week
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties**  
 Monitor work area and direct traffic. May work in conjunction with timber felling or other logging activities where traffic or workers may be exposed to a hazard such as falling trees or moving equipment. Job is performed while standing. However, during breaks or periods of inactivity, employee may sit in a chair or vehicle.

**Machinery, tools, equipment and personal protective equipment**  
 Uses lightweight stop/slow paddle with 12-inch handle or stop/slow paddle with 5 or 6 foot staff which can be rested on the ground. Hard hat required to satisfy safety regulations.

**Frequency Guidelines**  
**N:** Never (not at all)                      **S:** Seldom (1-10% of the time)  
**O:** Occasional (11-33% of the time)      **F:** Frequent (34%-66% of the time)      **C:** Constant (67%-100% of the time)

Physical Demands	Frequency	Description of Task (80 characters)
Sitting	S	Sitting in chair or vehicle
Standing	F	Standing on mostly level road
Walking	S	Walking on mostly level road
Climbing Ladders/Stairs	N	N/A
Twisting at the waist	N	N/A
Bending/ Stooping	N	N/A
Squatting/Kneeling	N	N/A
Crawling	N	N/A
Reaching Out	N	N/A
Working above shoulders	N	N/A
Handling/Grasping	N	N/A
Fine Finger Manipulation	N	N/A
Foot Controls/Driving	O	Driving and/or riding in vehicle (to & from work)
Repetitive Motion	N	N/A
Talking/Hearing/Seeing	N	N/A
Vibratory Tasks	N	N/A
Lifting (<10) lbs	O	Stop/low paddles weigh less than 10 lbs
Carrying (<10) lbs	O	Stop/low paddles weigh less than 10 lbs
Pushing/Pulling (N/A) lbs	N	N/A
Comments/Other: (270 Characters)		

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.			
Provider Signature	Provider Name (Please print)		Date



# EMPLOYER'S JOB DESCRIPTION

- Job of Injury
- Permanent Modified Job
- Light duty/Transitional

Worker		Claim #	
Company		Job Title    Mechanic (modified duty)	
Phone #	FAX#	Hours per day	Days per week
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties**  
 Perform repairs on all equipment including heavy and light equipment, ranging from mechanical to electrical to structural repairs. Occasionally repair trucks. Will use of a large array of hand tools: wrenches, sledge hammers, pneumatic tools, hydraulic tools, metal cutting tools, metal lathe, and welders. Task positioning can be anywhere from ground level to using a man lift for overhead work.

**Machinery, tools, equipment and personal protective equipment**  
 Wrenches, hammers, lathe, hand truck, jacks and stands, forklift, track press, welder, impact wrench

**Frequency Guidelines**                      **N:** Never (not at all)                      **S:** Seldom (1-10% of the time)  
**O:** Occasional (11-33% of the time)    **F:** Frequent (34%-66% of the time)    **C:** Constant (67%-100% of the time)

Physical Demands	Frequency	Description of Task (80 characters)
Sitting	O	
Standing	F	Intermittent on controlled surfaces in shop area
Walking	F	Shop area, parking areas, concrete
Climbing Ladders/Stairs	N	N/A
Twisting at the waist	F	N/A
Bending/ Stooping	O	Picking things up, performing repairs, etc
Squatting/Kneeling	N	N/A
Crawling	N	N/A
Reaching Out	N	N/A
Working above shoulders	F	Pin replacement, electrical work, etc
Handling/Grasping	N	N/A
Fine Finger Manipulation	N	N/A
Foot Controls/Driving	O	
Repetitive Motion	C	Arm/hand movement; hand tool use, welding, hoses, tightening fittings, etc
Talking/Hearing/Seeing	N	N/A
Vibratory Tasks	N	N/A
Lifting (50) lbs	O	Includes light and heavy tools and parts. Many can be carried w/hand truck
Carrying (N/A) lbs	N	N/A
Pushing/Pulling (50) lbs	O	Using tools, prying, running hoses, etc
Comments/Other: (270 Characters) Lifting devices (cranes) available for objects over 50 lbs.		

FOR HEALTH PROVIDER'S USE ONLY			
<b>Provider Approval</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Hours per day</b>	<b>Days per week</b>	<b>Effective date</b>
If no, please provide objective medical documentation to support your decision.			
Provider Signature	Provider Name (Please print)	Date	



# EMPLOYER'S JOB DESCRIPTION

- Job of Injury
- Permanent Modified Job
- Light duty/Transitional

Worker		Claim #	
Company		Job Title Night Watchman	
Phone #	FAX#	Hours per day	Days per week
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties**  
 Monitor jobsite to protect against vandalism and theft during periods of shutdown or non-working hours. Required to remain onsite when logging crew is absent. A trailer/camper will be used for lodging, and will be parked near the jobsite so watchman can monitor vehicular or other traffic. Will not be required to perform any law-enforcement functions other than notify the appropriate person if suspicious activity occurs.

**Machinery, tools, equipment and personal protective equipment**  
 May be required to operate a cellular phone or two-way radio.

**Frequency Guidelines**  
**N:** Never (not at all)                      **S:** Seldom (1-10% of the time)  
**O:** Occasional (11-33% of the time)    **F:** Frequent (34%-66% of the time)    **C:** Constant (67%-100% of the time)

Physical Demands	Frequency	Description of Task (80 characters)
Sitting	F	Sitting in chair or vehicle
Standing	S	Standing on mostly level ground
Walking	S	Walking on mostly level ground
Climbing Ladders/Stairs	N	N/A
Twisting at the waist	N	N/A
Bending/ Stooping	N	N/A
Squatting/Kneeling	N	N/A
Crawling	N	N/A
Reaching Out	N	N/A
Working above shoulders	N	N/A
Handling/Grasping	N	N/A
Fine Finger Manipulation	N	N/A
Foot Controls/Driving	S	Driving and/or riding in a vehicle (to & from work)
Repetitive Motion	N	N/A
Talking/Hearing/Seeing	N	N/A
Vibratory Tasks	N	N/A
Lifting (N/A) lbs	N	N/A
Carrying (N/A) lbs	N	N/A
Pushing/Pulling (N/A) lbs	N	N/A
Comments/Other: (270 Characters)		

FOR HEALTH PROVIDER'S USE ONLY			
<b>Provider Approval</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Hours per day</b>	<b>Days per week</b>	<b>Effective date</b>
If no, please provide objective medical documentation to support your decision.			
Provider Signature	Provider Name (Please print)	Date	

APPENDIX C

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Physician Billing codes

Review of Job Analysis and Job Description

1038M-Limit one per day

1028M-Each additional review, up to five per worker per day



# EMPLOYER'S JOB DESCRIPTION

- Job of Injury
- Permanent Modified Job
- Light duty/Transitional

Worker		Claim #	
Company		Job Title Office and Field Helper	
Phone #	FAX#	Hours per day	Days per week
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties**  
 This job involves a variety of tasks. Tasks may include: running errands for the company, picking up and delivering parts to the office/shop or jobsite, re-fueling logging machinery, and conducting job sites safety meetings. Re-fueling is done by inserting a hose with a nozzle into the machine fuel tank and turning on an electric pump.

**Machinery, tools, equipment and personal protective equipment**

**Frequency Guidelines**      **N:** Never (not at all)      **S:** Seldom (1-10% of the time)  
**O:** Occasional (11-33% of the time)      **F:** Frequent (34%-66% of the time)      **C:** Constant (67%-100% of the time)

Physical Demands	Frequency	Description of Task (80 characters)
Sitting	F	Sitting in a vehicle
Standing	F	Standing on mostly level surfaces
Walking	F	Walking on mostly level surfaces
Climbing Ladders/Stairs	N	N/A
Twisting at the waist	N	N/A
Bending/ Stooping	S	Bending while lifting parts
Squatting/Kneeling	N	N/A
Crawling	N	N/A
Reaching Out	N	N/A
Working above shoulders	S	
Handling/Grasping	N	N/A
Fine Finger Manipulation	N	N/A
Foot Controls/Driving	F	
Repetitive Motion	N	N/A
Talking/Hearing/Seeing	N	N/A
Vibratory Tasks	N	N/A
Lifting (30) lbs	O	Lifting/carrying equipment parts
Carrying (30) lbs	S	Lifting/carrying equipment parts
Pushing/Pulling (N/A) lbs	N	N/A
Comments/Other: (270 Characters)		

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.			
Provider Signature	Provider Name (Please print)		Date

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# EMPLOYER'S JOB DESCRIPTION

- Job of Injury
- Permanent Modified Job
- Light duty/Transitional

Worker		Claim #	
Company		Job Title Office Assistant	
Phone #	FAX#	Hours per day	Days per week
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties**  
 Assist with light paperwork in the office. Duties include updating company safety books, assembling employment packets, filing safety meeting notes & minutes, performing time card data entry, preparing safety packets for monthly safety meetings, answering dispatch phone and radio, writing messages, and general filing of daily truck inspections, parts invoices, and daily truck load counts. All work is sedentary at a table with a computer.

**Machinery, tools, equipment and personal protective equipment**  
 Phone, two-way radio, copy machine, computer, three-hole punch

**Frequency Guidelines**                      **N:** Never (not at all)                      **S:** Seldom (1-10% of the time)  
**O:** Occasional (11-33% of the time)    **F:** Frequent (34%-66% of the time)    **C:** Constant (67%-100% of the time)

Physical Demands	Frequency	Description of Task (80 characters)
Sitting	C	At table in main office.
Standing	S	Intermittent on flat surfaces.
Walking	S	Office area, parking areas, all concrete or paved flat surfaces.
Climbing Ladders/Stairs	N	N/A
Twisting at the waist	N	N/A
Bending/ Stooping	N	N/A
Squatting/Kneeling	N	N/A
Crawling	N	N/A
Reaching Out	N	N/A
Working above shoulders	N	N/A
Handling/Grasping	N	N/A
Fine Finger Manipulation	N	N/A
Foot Controls/Driving	N	N/A
Repetitive Motion	N	N/A
Talking/Hearing/Seeing	N	N/A
Vibratory Tasks	N	N/A
Lifting (N/A) lbs	N	N/A
Carrying (N/A) lbs	N	N/A
Pushing/Pulling (N/A) lbs	N	N/A
Comments/Other: (270 Characters)		

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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Provider Signature	Provider Name (Please print)		Date



# EMPLOYER'S JOB DESCRIPTION

- Job of Injury
- Permanent Modified Job
- Light duty/Transitional

Worker		Claim #	
Company		Job Title    Parts Assistant	
Phone #	FAX#	Hours per day	Days per week
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties**  
 Assist in parts inventory duties, such as recording, documenting and data entry for items input into a parts management system. Able to write for documentation, apply bar code stickers and basic data entry using a keyboard. Generic help in parts room retrieving air filters, oil filters and other parts needed for operations personnel. Parts runner, picking needed parts not in inventory. May assist with light paperwork in the office and answer office telephone.

**Machinery, tools, equipment and personal protective equipment**  
 Tools & Equipment:    Copy machine, computer, bar code scanner & printer, telephone.

**Frequency Guidelines**                      **N:** Never (not at all)                      **S:** Seldom (1-10% of the time)  
**O:** Occasional (11-33% of the time)    **F:** Frequent (34%-66% of the time)    **C:** Constant (67%-100% of the time)

Physical Demands	Frequency	Description of Task (80 characters)
Sitting	F	Computer terminal
Standing	F	Intermittent on controlled surfaces in parts & shop area or other to record data
Walking	O	Parts area, shop area, office area, concrete, flat surfaces
Climbing Ladders/Stairs	S	Retrieving parts upstairs
Twisting at the waist	N	N/A
Bending/ Stooping	N	N/A
Squatting/Kneeling	N	N/A
Crawling	N	N/A
Reaching Out	N	N/A
Working above shoulders	N	N/A
Handling/Grasping	N	N/A
Fine Finger Manipulation	F	Keyboard use, writing, applying bar code stickers to parts & bins
Foot Controls/Driving	O	Parts runs in company pickup
Repetitive Motion	N	N/A
Talking/Hearing/Seeing	N	N/A
Vibratory Tasks	N	N/A
Lifting (N/A) lbs	N	N/A
Carrying (N/A) lbs	N	N/A
Pushing/Pulling (N/A) lbs	N	N/A
Comments/Other: (270 Characters)		

FOR HEALTH PROVIDER'S USE ONLY			
<b>Provider Approval</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Hours per day</b>	<b>Days per week</b>	<b>Effective date</b>
If no, please provide objective medical documentation to support your decision.			
Provider Signature	Provider Name (Please print)	Date	

APPENDIX C

Department of Labor and Industries

Physician Billing codes

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1038M-Limit one per day

1028M-Each additional review, up to five per worker per day



**EMPLOYER'S JOB DESCRIPTION**

- Job of Injury
- Permanent Modified Job
- Light duty/Transitional

Worker		Claim #	
Company		Job Title Pilot Escort	
Phone #	FAX#	Hours per day	Days per week
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties**  
 Drive an Escort vehicle (passenger vehicle) to warn motorists of unusual roadway conditions such as an oversized load on the roadway. Oversized loads are typically transported on a low-bed trailer between job sites.

**Machinery, tools, equipment and personal protective equipment**  
 Cell phone; two-way radio.

**Frequency Guidelines**                      **N:** Never (not at all)                      **S:** Seldom (1-10% of the time)  
**O:** Occasional (11-33% of the time)    **F:** Frequent (34%-66% of the time)    **C:** Constant (67%-100% of the time)

Physical Demands	Frequency	Description of Task (80 characters)
Sitting	C	Driving
Standing	S	
Walking	S	Walking on mostly level roads
Climbing Ladders/Stairs	N	N/A
Twisting at the waist	N	N/A
Bending/ Stooping	N	N/A
Squatting/Kneeling	N	N/A
Crawling	N	N/A
Reaching Out	N	N/A
Working above shoulders	N	N/A
Handling/Grasping	N	N/A
Fine Finger Manipulation	N	N/A
Foot Controls/Driving	C	Driving
Repetitive Motion	N	N/A
Talking/Hearing/Seeing	N	N/A
Vibratory Tasks	N	N/A
Lifting (N/A) lbs	N	N/A
Carrying (N/A) lbs	N	N/A
Pushing/Pulling (N/A) lbs	N	N/A
Comments/Other: (270 Characters)		

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.			
Provider Signature	Provider Name (Please print)		Date



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1038M-Limit one per day

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# EMPLOYER'S JOB DESCRIPTION

- Job of Injury
- Permanent Modified Job
- Light duty/Transitional

Worker		Claim #	
Company		Job Title Processor Operator	
Phone #	FAX#	Hours per day	Days per week
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties**

Primary job is to process and sort logs using a Processor machine. Duties may include changing chain and flipping bar, basic maintenance (grease) and minor repair work of the machine. Work typically is 5 days a week at 8-10 hours a day. The cab of the equipment is typically fully enclosed, has a heater and A/C. Operating controls are via joystick with push buttons. Machine travel is controlled by hand or foot pedals. Operator is in a seated position while operating. When the machine requires minor/major repair or maintenance the operator usually assists a mechanic.

**Machinery, tools, equipment and personal protective equipment**

Log Processor, maintenance tools (wrenches, sockets, pry bars, grease gun), hard hat, high visibility vest, ankle support boots, eye protection, cell phone, two-way radio

**Frequency Guidelines**

**N:** Never (not at all)

**S:** Seldom (1-10% of the time)

**O:** Occasional (11-33% of the time)

**F:** Frequent (34%-66% of the time)

**C:** Constant (67%-100% of the time)

**Physical Demands**

**Frequency**

**Description of Task (80 characters)**

Physical Demands	Frequency	Description of Task (80 characters)
Sitting	C	Operating Processor machine
Standing	S	Flat and uneven ground as well as on machine at times
Walking	S	Uneven and rocky ground to machine from pickup and back
Climbing Ladders/Stairs	S	Accessing machine (ground to 10 ft)
Twisting at the waist	F	Looking around while operating machine
Bending/ Stooping	N	N/A
Squatting/Kneeling	N	N/A
Crawling	N	N/A
Reaching Out	N	N/A
Working above shoulders	S	Performing routine maintenance like greasing the broom.
Handling/Grasping	N	N/A
Fine Finger Manipulation	N	N/A
Foot Controls/Driving	N	N/A
Repetitive Motion	C	Operating controls, maintenance, etc.
Talking/Hearing/Seeing	N	N/A
Vibratory Tasks	N	N/A
Lifting (N/A) lbs	N	N/A
Carrying (N/A) lbs	N	N/A
Pushing/Pulling (N/A) lbs	N	N/A

Comments/Other: (270 Characters)

**FOR HEALTH PROVIDER'S USE ONLY**

<b>Provider Approval</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Hours per day</b>	<b>Days per week</b>	<b>Effective date</b>
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If no, please provide objective medical documentation to support your decision.

Provider Signature

Provider Name (Please print)

Date

SAMPLE

**EMPLOYER'S JOB DESCRIPTION**

- Job of Injury  
 Permanent Modified Job  
 Light duty/Transitional

Worker		Claim #	
Company		Job Title Safety Watchman	
Phone #	FAX#	Hours per day	Days per week
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties**

Monitor the activities of one or more timber fallers to ensure prompt awareness of injury for cessation of work activity. In the event of an emergency, notify co-workers and or emergency medical services. Job can be performed while standing, walking, sitting in a chair or in a vehicle.

**Machinery, tools, equipment and personal protective equipment**

Cell phone; two-way radio

**Frequency Guidelines**

**N:** Never (not at all)

**S:** Seldom (1-10% of the time)

**O:** Occasional (11-33% of the time)

**F:** Frequent (34%-66% of the time)

**C:** Constant (67%-100% of the time)

**Physical Demands****Frequency****Description of Task (80 characters)**

Sitting	F	Sitting in chair or vehicle
Standing	O	Standing on mostly level ground
Walking	O	Walking on mostly level ground
Climbing Ladders/Stairs	S	
Twisting at the waist	N	N/A
Bending/ Stooping	N	N/A
Squatting/Kneeling	N	N/A
Crawling	N	N/A
Reaching Out	N	N/A
Working above shoulders	N	N/A
Handling/Grasping	N	N/A
Fine Finger Manipulation	N	N/A
Foot Controls/Driving	O	Riding in a vehicle (to & from work)
Repetitive Motion	N	N/A
Talking/Hearing/Seeing	N	N/A
Vibratory Tasks	N	N/A
Lifting (N/A) lbs	N	N/A
Carrying (N/A) lbs	N	N/A
Pushing/Pulling (N/A) lbs	N	N/A

Comments/Other: (270 Characters)

**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.

Provider Signature

Provider Name (Please print)

Date



# EMPLOYER'S JOB DESCRIPTION

- Job of Injury
- Permanent Modified Job
- Light duty/Transitional

Worker		Claim #	
Company		Job Title Saw Maintenance & Chain Sharpening	
Phone #	FAX#	Hours per day	Days per week
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties**  
 Inspect & sharpen cutting chains. Maintain power saws, replacing spark plugs. Inspect and clean saw air filters, bar, and chain oiler. Replace broken or worn out parts such as starter rope, sprockets etc. Work would be performed on a bench, employee can stand, sit and move around.

**Machinery, tools, equipment and personal protective equipment**  
 Basic hand tools (wrench & screw driver). Stand-mounted chain grinder.

**Frequency Guidelines**  
**N:** Never (not at all)                      **S:** Seldom (1-10% of the time)  
**O:** Occasional (11-33% of the time)    **F:** Frequent (34%-66% of the time)    **C:** Constant (67%-100% of the time)

Physical Demands	Frequency	Description of Task (80 characters)
Sitting	F	Sitting in chair
Standing	O	Standing on level concrete surface
Walking	O	Walking on level ground
Climbing Ladders/Stairs	N	N/A
Twisting at the waist	N	N/A
Bending/ Stooping	S	Moving a saw
Squatting/Kneeling	N	N/A
Crawling	N	N/A
Reaching Out	N	N/A
Working above shoulders	N	N/A
Handling/Grasping	N	N/A
Fine Finger Manipulation	N	N/A
Foot Controls/Driving	N	N/A
Repetitive Motion	F	Using tools, cleaning and inspecting saws and cutting chains
Talking/Hearing/Seeing	N	N/A
Vibratory Tasks	N	N/A
Lifting (30) lbs	S	Moving saw around
Carrying (N/A) lbs	N	N/A
Pushing/Pulling (30) lbs	S	Pulling on wrench and starting saw

Comments/Other: (270 Characters)

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.			
Provider Signature	Provider Name (Please print)		Date



# EMPLOYER'S JOB DESCRIPTION

- Job of Injury
- Permanent Modified Job
- Light duty/Transitional

Worker		Claim #	
Company		Job Title Sedentary Desk Work	
Phone #	FAX#	Hours per day	Days per week
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties**  
 Sit at a desk, answer phones, use two-way radio, update job safety guides and various paper work. Sort small parts. Provide direction to inexperienced mechanics.

**Machinery, tools, equipment and personal protective equipment**  
 Phone, two- way radio, copy machine, computer, three-hole punch, various office equipment, fax machine

**Frequency Guidelines**  
**N:** Never (not at all)                      **S:** Seldom (1-10% of the time)  
**O:** Occasional (11-33% of the time)    **F:** Frequent (34%-66% of the time)    **C:** Constant (67%-100% of the time)

Physical Demands	Frequency	Description of Task (80 characters)
Sitting	C	
Standing	N	N/A
Walking	N	N/A
Climbing Ladders/Stairs	N	N/A
Twisting at the waist	N	N/A
Bending/ Stooping	N	N/A
Squatting/Kneeling	N	N/A
Crawling	N	N/A
Reaching Out	N	N/A
Working above shoulders	N	N/A
Handling/Grasping	N	N/A
Fine Finger Manipulation	N	N/A
Foot Controls/Driving	N	N/A
Repetitive Motion	N	N/A
Talking/Hearing/Seeing	N	N/A
Vibratory Tasks	N	N/A
Lifting (N/A) lbs	N	N/A
Carrying (N/A) lbs	N	N/A
Pushing/Pulling (N/A) lbs	N	N/A

Comments/Other: (270 Characters)

**FOR HEALTH PROVIDER'S USE ONLY**

<b>Provider Approval</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Hours per day</b>	<b>Days per week</b>	<b>Effective date</b>
If no, please provide objective medical documentation to support your decision.			
Provider Signature	Provider Name (Please print)	Date	



# EMPLOYER'S JOB DESCRIPTION

- Job of Injury
- Permanent Modified Job
- Light duty/Transitional

Worker		Claim #	
Company		Job Title Shop Helper (fill-in)	
Phone #	FAX#	Hours per day	Days per week
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties**  
 Assists with cleaning and inventory of small bolts, nuts and other small parts. Organizing and updating manuals or inventory paperwork. Tear paper tickets out of books. Assist in the shop area with activities such as light maintenance i.e. holding a flashlight, grinding chains, building hoses and sanding.

**Machinery, tools, equipment and personal protective equipment**  
 Telephone, forklift, broom, dustpan, sweeper, various small hand tools

**Frequency Guidelines**  
**N:** Never (not at all)                      **S:** Seldom (1-10% of the time)  
**O:** Occasional (11-33% of the time)    **F:** Frequent (34%-66% of the time)    **C:** Constant (67%-100% of the time)

Physical Demands	Frequency	Description of Task (80 characters)
Sitting	O	
Standing	O	Intermittent on controlled surfaces in shop area or pick up parts location
Walking	O	Shop area, parking areas, concrete
Climbing Ladders/Stairs	N	N/A
Twisting at the waist	N	N/A
Bending/ Stooping	N	N/A
Squatting/Kneeling	N	N/A
Crawling	N	N/A
Reaching Out	N	N/A
Working above shoulders	N	N/A
Handling/Grasping	N	N/A
Fine Finger Manipulation	N	N/A
Foot Controls/Driving	S	Riding in a vehicle (to & from work)
Repetitive Motion	N	N/A
Talking/Hearing/Seeing	N	N/A
Vibratory Tasks	N	N/A
Lifting (10) lbs	O	All lifting is under 10 lbs. Items include broom, parts, nuts, bolts, boxes
Carrying (10) lbs	O	All lifting is under 10 lbs. Items include broom, parts, nuts, bolts, boxes
Pushing/Pulling (N/A) lbs	N	N/A

Comments/Other: (270 Characters)

FOR HEALTH PROVIDER'S USE ONLY			
<b>Provider Approval</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Hours per day</b>	<b>Days per week</b>	<b>Effective date</b>
If no, please provide objective medical documentation to support your decision.			
Provider Signature	Provider Name (Please print)	Date	



# EMPLOYER'S JOB DESCRIPTION

- Job of Injury
- Permanent Modified Job
- Light duty/Transitional

Worker		Claim #	
Company		Job Title Shop Helper - Modified Clean up	
Phone #	FAX#	Hours per day	Days per week
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties**

Assist as needed in shop with activities such as cleanup around building site. Sweep the shop area using push broom and/or electric mobile sweeper. Assist in the shop area with activities such as light maintenance, i.e. oil changes, greasing, pressure-washing equipment, washing pickups and trucks and cleaning out cabs. Operate a riding sweeper if needed. Assist with cleaning and inventories of small nuts, bolts and parts.

**Machinery, tools, equipment and personal protective equipment**

Occasionally 16-oz cup to throw Floor Sweep on floor to soak up oil. Telephone, broom, dustpan, various small hand tools/wrenches, forklift, pressure washer, sweeper, floor scrubber, wash mitt, wash brush, grease gun

**Frequency Guidelines**

**N:** Never (not at all)

**S:** Seldom (1-10% of the time)

**O:** Occasional (11-33% of the time)

**F:** Frequent (34%-66% of the time)

**C:** Constant (67%-100% of the time)

**Physical Demands**

**Frequency**

**Description of Task (80 characters)**

Physical Demands	Frequency	Description of Task (80 characters)
Sitting	O	Riding in vehicles
Standing	F	Pressure washing, greasing, cleaning work tables, oil buckets, etc
Walking	F	Shop area ,parking areas, wash bay, concrete and pavement
Climbing Ladders/Stairs	S	In parts room, or steps into a truck
Twisting at the waist	F	Clean up
Bending/ Stooping	F	Clean up
Squatting/Kneeling	S	Clean up
Crawling	N	N/A
Reaching Out	N	N/A
Working above shoulders	S	Cleaning windows or trucks
Handling/Grasping	N	N/A
Fine Finger Manipulation	N	N/A
Foot Controls/Driving	S	Parts runs up town in small pickup. street sweeper
Repetitive Motion	F	Basic tool use for service, sweeping, and using pressure washer
Talking/Hearing/Seeing	N	N/A
Vibratory Tasks	N	N/A
Lifting (N/A) lbs	N	N/A
Carrying (N/A) lbs	N	N/A
Pushing/Pulling (30) lbs	S	10-30 lbs, sweeping, wrenches, etc

Comments/Other: (270 Characters)

**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.

Provider Signature

Provider Name (Please print)

Date



# EMPLOYER'S JOB DESCRIPTION

- Job of Injury
- Permanent Modified Job
- Light duty/Transitional

Worker		Claim #	
Company		Job Title Truck Dispatcher - Parts Runner	
Phone #	FAX#	Hours per day	Days per week
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties**  
 Assist in dispatching log trucks to jobsites on a daily basis. Update job status board in accordance with truck dispatching, machine moves, fire equipment, pick-up and employee locations. May assist with light paperwork in the office and sweeping in shop. May assist with running parts to and from the shop.

**Machinery, tools, equipment and personal protective equipment**  
 Basic hand tools (wrench and screw driver). Stand-mounted chain grinder.

**Frequency Guidelines**  
**N:** Never (not at all)                      **S:** Seldom (1-10% of the time)  
**O:** Occasional (11-33% of the time)      **F:** Frequent (34%-66% of the time)      **C:** Constant (67%-100% of the time)

Physical Demands	Frequency	Description of Task (80 characters)
Sitting	F	May drive or ride in a vehicle occasionally.
Standing	O	Intermittent on controlled surfaces in shop area or location to pick up parts
Walking	O	Shop area, parking areas, concrete
Climbing Ladders/Stairs	N	N/A
Twisting at the waist	N	N/A
Bending/ Stooping	N	N/A
Squatting/Kneeling	N	N/A
Crawling	N	N/A
Reaching Out	N	N/A
Working above shoulders	N	N/A
Handling/Grasping	N	N/A
Fine Finger Manipulation	N	N/A
Foot Controls/Driving	O	Driving & or riding in a vehicle (to & from work and parts running)
Repetitive Motion	N	N/A
Talking/Hearing/Seeing	N	N/A
Vibratory Tasks	N	N/A
Lifting (0-30) lbs	O	All lifting is under 30 lbs; items include broom, shovel, dust pan, light parts
Carrying (N/A) lbs	N	N/A
Pushing/Pulling (0-10) lbs	O	0-10 lbs while pushing broom
Comments/Other: (270 Characters)		

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.			
Provider Signature	Provider Name (Please print)		Date