



Washington State Department of  
Labor & Industries



# Return to Work Toolkit for the Logging Industry



## Contents

Introduction .....	3
Early Return to Work (ERTW) Teams .....	5
Stay at Work Program .....	5
10 Steps to Effective Return-to-Work.....	7
Light Duty Examples and Options .....	9
Who to Contact .....	10
Appendix .....	11

### **Logging Stay at Work Success Story**

***An LSI logging company had a choker setter with minor injuries that was unable to return to his job of injury for an extended period of time. The injured worker was released for light duty by his physician and started with a light-duty office helper position and gradually moved to a shop helper position. The employer used the Washington State Stay at Work program and filed for 50 percent of the injured worker's salary to be reimbursed. The employer received almost \$3,500; in addition, there was no time-loss on the claim keeping his premium rates low.***

## Introduction

### ***Is Return-to-Work even possible in Logging?***

Yes! There are several options for return-to-work in the logging industry. Below is a recent success stories of a logging company that used light duty and the Washington Stay at Work Program:

*Chilton Logging Inc., an LSI Logging Company, recently had a timber faller with a leg laceration from a chainsaw kicking back during the falling of a tree. The injured worker was promptly treated in an ER, and the physician ordered one week of time off from work and a subsequent light duty assignment for two weeks. The employer kept the injured worker on salary during the prescribed week off and provided a two week light duty position as a shop helper. The employer used the Washington State Stay at Work program and filed for 50 percent of the injured worker's salary to be reimbursed. The employer received over \$1,600; in addition, there was no time-loss on the claim keeping his premium rates low. After being released by his doctor, the injured worker has returned to his job falling trees.*

Bringing an injured worker back on light duty is a win-win. Utilizing the Stay at Work Program helps reduce the employers' cost per claim and makes it more affordable for the employer to keep their trained workers on the job. It also promotes better health outcomes for injured workers by improving the chance of a good recovery, reducing the likelihood of a long-term disability, and helps the worker preserve their foothold in the job market.

This packet provides helpful tools and resources as well as examples of return-to-work in logging and options that might work for your logging company.

### ***What is the Logger Safety Initiative (LSI)?***

The Logger Safety Initiative (LSI) is a collaborative effort that provides voluntary improvements to worker protection and safety. The purpose of LSI is to promote occupational safety, reduce fatalities, decrease the frequency and severity of workplace injuries, increase the proper reporting of worker hours for workers' compensation insurance premiums, and explore options for reducing costs in the logging industry.

More information regarding the Logger Safety Initiative can be found at [www.loggersafety.org](http://www.loggersafety.org).

One way of reducing costs in the logging industry is through return-to-work options. The longer an injured employee is absent from the workplace, the higher the costs will be to you, L&I, and the overall industry.

### ***What is Return-to-Work?***

It's an expression used to describe taking steps to help an injured worker get back to work quickly, safely and, if necessary, with assistance. A Return-To-Work program specific to your company can help injured workers get back to the job faster. The best time to set up a Return-To-Work Program is before a worker is injured.

## **Why Return to Work is Important**

Numerous occupational health studies identify a connection between the duration of a workers' compensation claim and long-term loss of earning power. The longer injured workers remain off work, the harder it is for them to return to their original job and income. Partial wage-replacement (time-loss) benefits will never completely replace the full income. Lengthy time-loss claims drive up workers' compensation rates for the employer and increase the cost of operating the workers' compensation system.

## **Why Establish a *Return-to-Work* Program?**

Employers of all sizes need to pay attention to safety and the cost of workplace accidents to workers as well as to the employer's bottom line. While accident prevention is the best way to reduce overall injury costs, an effective workplace *Return-to-Work* Program is the best way to manage cost and improve recovery after an injury has occurred.

*The longer an injured employee is absent from the workplace, the higher the costs will be to you, the worker and L&I.*

*Additional costs include:*

- *Lost productivity*
- *Decreased morale*
- *Costs of hiring & training replacements*
- *Overtime*
- *Increased premiums*

## **How is *Return-to-Work* a benefit to Employers?**

By creating a *Return-to-Work* program, employers can experience lower Worker's Comp costs and avoid long-term disability for their injured workers by providing opportunities for these workers to continue to do productive work while recovering.

## Early Return to Work (ERTW) Teams

You can contact Early Return to Work (ERTW) staff for assistance in developing a list of modified jobs or assistance in returning someone to modified duty.

Members of ERTW are experts in several fields. They are Vocational Services Consultants, Therapist Consultants and Nurse Consultants located in L&I field offices across the states.

These experts are trained professionals who know how to talk with doctors and help employers implement medically appropriate return-to-work options.

There is a sample Injured Worker Packet included in this toolkit for your review and convenience (Appendix B).

ERTW staff partner with other L&I resources to provide specific services for the worker and employer; these may include:

- A Risk Management Specialist can explain the financial benefits of return to work. This specialist can show an employer how a workers' compensation claim affects the company's "experience factor" and premiums.
- A safety consultant can provide an on-site consultation for an employer who wants to prevent future worker injuries by improving workplace safety.
- ERTW staff design RTW programs and create job descriptions to identify light duty work, etc.

Job modification funds from L&I may be available. These funds help an employer cover the costs of modifying a workstation to allow an injured worker to return to his or her original job.

## Stay at Work Program

### ***Paying employers to help injured workers stay on the job***

Stay at Work is a financial incentive that encourages employers to bring their injured workers quickly and safely back to medically approved light-duty or transitional work by reimbursing them for some of their costs.

Eligible employers can be reimbursed for:

- 50% of the base wages they pay to the injured worker.
  - For up to 66 days in which work was actually performed per claim. Fewer than 8 hours still counts as one day.
  - Within a consecutive 24-month period.
  - Up to \$10,000 per claim.
- Some of the cost of training, tools or clothing the worker needs to do the light-duty or transitional work.
  - **Training fees or materials**, up to \$1,000 per claim. Example: Tuition, books, or supplies.

- **Tools** up to \$2,500 per claim. Example: Special wrench or keyboard tray.
- **Clothing** up to \$400 per claim. Example: Steel-toed boots.

*For more information refer to the “Complete Stay at Work Guide for Employers” found online at [www.lni.wa.gov](http://www.lni.wa.gov)*

## 10 Steps to Effective Return-to-Work

*Samples and templates as identified are included in the appendix for your review and convenience.*

- 1. Establish a written policy for Return-to-Work (Appendix A)**
  - a. Begins with a commitment from owner and top management and supervisors.
  - b. Educate employees about their role in your program.
  
- 2. Designate a claim coordinator**
  - a. Appoint a claim coordinator with the authority to drive the program.
  
- 3. Document physical descriptions for all jobs.**
  
- 4. Identify light duty jobs before an injury occurs**
  - a. Ask workers for suggestions
  - b. Consider adapting existing jobs or reorganizing current job tasks
  - c. View the Sample Light Duty Job Options (Appendix C)
  - d. When the doctor approves the light duty job(s), offer the injured worker the job via a written job offer.
  
- 5. Create an injured worker packet (Appendix B)**
  - a. Cover letter and instructions for injured worker.
  - b. Light duty job description.
  - c. Formal job offer to injured worker.
  
- 6. Get medical treatment for the injured worker right away**
  - a. Give the worker an injured worker packet (Appendix B)
  - b. Accompany injured worker to the initial doctor's visit
  - c. Support worker during the entire return-to-work process
  - d. Job Description – job of injury
  
- 7. Get injured worker back to work as soon as possible**
  - a. Offer light duty jobs that meet restrictions identified by the doctor.
  - b. Maintain contact with doctor; obtain their approval for an changes in job duties
  - c. Notify claim manager if you are not able to accommodate ongoing or permanent restrictions
  - d. Send a copy of the doctor approved light duty job and accepted job offer to claim manager
  
- 8. Use the Stay at Work Program**
  - a. 50% of base wages (up to \$10,000) for light duty
  - b. Some of the cost of training, tools or clothing the worker needs to do the light-duty or transitional work (up to \$3,900).

**9. Establish procedures for reporting near misses and injuries**

**10. Conduct an accident investigation**

- a. Determine root causes and identify solutions to prevent similar incidents

## Light Duty Examples and Options

Below is a list of some light duty options in the logging field. The job duties with an asterisk have a Light Duty Job Description found in this toolkit in Appendix C. (*Online tools coming soon at [www.loggersafety.org](http://www.loggersafety.org)*).

- Answer phones
- Clean saws/equipment
- Clean tools
- Complete safety inspection
- Dispatch calls
- Drive a vehicle, run errands
- Enter data into computers (production, log quality, etc)
- Fire & Safety Watchman\*
- File paperwork, make copies, shred documents, sort & deliver mail, etc.
- Fill out truck tickets in landing
- Flagging roads for cutting or skidding\*
- Fuel and grease equipment
- Get fuel
- Grind chains
- Inventory parts, supplies and/or tools
- Mechanic (modified duty)\*
- Night watchman\*
- Office Assistant\*
- Office & Field Helper\*
- Open gates
- Parts assistant\*
- Pilot escort\*
- Processor Operator\*
- Paint and brand log trucks
- Safety watchman\*
- Saw maintenance & Chain Sharpening\*
- Sedentary Desk Work\*
- Shop helper\*
- Truck Dispatcher – parts runner\*
- Train other employees on specific job tasks or safety topics
- Update Emergency Response Plan and other policies and procedures
- Update safety program
- Wash company vehicles
- Work normal job but with specific limitations

## Who to Contact

L&I has teams that can help collaborate with the employer, health-care provider, and worker to explore possibilities for returning to work as early as it is medically appropriate. Get in touch with an Early Return-To-Work specialist in your region for assistance.

Region	Location	Contact Number
Region 1	Bellingham	360-647-7300
Region 1	Everett	425-290-1300
Region 1	Mt. Vernon	360-416-3000
Region 2	Bellevue	425-990-1400
Region 2	Seattle	206-515-2800
Region 2	Tukwila	206-835-1000
Region 3	Bremerton	360-415-4000
Region 3	Port Angeles	360-417-2700
Region 3	Tacoma	253-596-3800
Region 4	Aberdeen	360-533-8200
Region 4	Kelso	360-575-6900
Region 4	Tumwater	360-902-5799
Region 4	Vancouver	360-896-2300
Region 5	E. Wenatchee	509-886-6500
Region 5	Kennewick	509-735-0100
Region 5	Moses Lake	509-764-6900
Region 5	Yakima	509-454-3700
Region 6	Pullman	509-334-5296
Region 6	Spokane	509-324-2600

You can also contact the Stay at Work Program by calling 1-866-406-2482 or email [StayAtWork@lni.wa.gov](mailto:StayAtWork@lni.wa.gov)

For more information regarding the Logger Safety Initiative call 360-902-5008 or email [Loggersafety@lni.wa.gov](mailto:Loggersafety@lni.wa.gov)

## Appendix

- Appendix A: Return to Work Program Sample
- Appendix B: Injured Worker Packet
- Appendix C: Sample Light Duty Job Descriptions

# Return to Work Program Sample

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## I. Policy Statement

(EMPLOYER NAME) recognizes the need to provide Light Duty, Temporary Transitional work to employees who are unable to perform their regular duties due to occupational injury or illness.

## II. Scope

This program applies to all employees who sustain an occupational illness or injury. Employees will receive assignments on availability.

## III. Definitions

**Occupational illness/injury:** For the purposes of this program, an occupational injury or illness means an injury or disease arising out of the employment with (EMPLOYER NAME) and compensable under the workers' compensation laws of the State of Washington.

## IV. Goal

- To provide work for employees with job-related injuries or illnesses that restricts regular job performance
- To assist employees in the transition from injury or illness to recovery while continuing to be a productive part of the work force
- To prevent the deterioration of employees' work skills, health, and attitude that may result from prolonged work absence
- To demonstrate the organization's commitment to employee recovery
- To minimize the loss of productivity

## V. Roles and Responsibilities

(EMPLOYER NAME) recognizes the need to provide Light Duty, Temporary Transitional work to employees who are unable to perform their regular duties due to occupational injury or illness.

### A. Employer/Top Management Roles and Responsibilities

- Update written policy with clearly defined procedures
- Hold all managers/supervisors/employees accountable for their participation in the program
- Designate a Claim Coordinator

### B. Claim Coordinator Responsibilities

- Understand and promote the Return-to-Work program
- Cover Light Duty, transitional work and instructions on using Injured Worker Packet and its' location during New Employee Orientation

## APPENDIX A

- Update Injured Worker Packet as needed (assistance available through L&I, page 10 of toolkit).
- Send light duty and job of injury descriptions to providers.
- Review the accommodation with the manager/ supervisor prior to the injured/ill worker starting work
- Ensure a Job Offer Letter is completed by the injured worker when released to transitional work.
- Notify the Claim Manager of the employee's acceptance or rejection of the Temporary Transitional work
- Document the Temporary Transitional work duties to show compliance with physician's recommendations
- The Claims Coordinator will assist the supervisor (prior and current) in maintaining weekly contact with injured worker while on Temporary Transitional work assignments.
- The Claims Coordinator will assist the supervisors in monitoring the Temporary Transitional work assignment for appropriateness and communicate any concerns to the manager/supervisor.
- If the injured worker is not improving over a 60 day period of transitional duty the Claims Coordinator may contact the Claims Manager and/or requests assistance from a VSS at the Dept. of Labor and Industries.
- Send medical practitioner's approved light duty, Temporary Transitional Duty to the WSAW for reimbursement
- Follow HR protocols.

### C. Manager/Supervisor Responsibilities

- In the event of an injury provide assistance with medical care as needed
- Understand and support the company's written policies and procedures
- Complete the accident investigation as soon as possible after the injury and forward report to Claim Coordinator
- Meet with Claim Coordinator & employee to review the restrictions from provider and identify accommodations for the Temporary Transitional work assignments.
- Maintain daily/weekly contact with employee
- Assure that employee does not exceed work restrictions
- Follow HR protocols.

### D. Employee Responsibilities

- Follow procedures for reporting all injuries and illnesses immediately
- Communicate with managers/supervisors about your ability to return to work
- Cooperate with the medical provider regarding ability to return to work
- Work within the physical capabilities outlined in the Temporary Transitional work plan by the medical provider
- Support coworkers and provide a positive environment when injured employees return to Temporary Transitional positions
- Abide by the work/safety rules at the location of Temporary Transitional work assignments

## APPENDIX A

### E. Expectations of Medical Providers

- Communicate verbally and in writing with Claim Coordinator, Claim Manager and manager/supervisor regarding employee status.
- Promote Early Return-to-Work with injured employees
- Explain any transitional work restrictions to the employee, Claim Coordinator and Claim Manager, along with clarification of what the employee can do.

### VI. Post-Injury Procedure

1. Send employee for medical treatment with an ***Injured Worker Packet*** to the physician's office at the time of the initial visit. The prepared packet should include:
  - **Letter to the treating doctor** explaining the Return-to-Work program
  - **List of Light duty, Transitional Temporary work available**
  - **Activity prescription form**
  - **Washington Stay at Work Brochure**
  - **FileFast Information**

See: Supervisors responsibilities

### VII. Light Duty, Temporary, Transitional Work Job Assignment

1. (CONTACT NAME AND TITLE) will review restrictions and review the temporary, transitional work assignment.
2. Provide Transitional Duty Job Offer Letter
  - a. A light duty, Temporary Transitional work assignment will be determined based on job description and the injured worker's physical capabilities as determined by their medical practitioner.
  - b. If the injured worker fails to take an Injured Worker Packet one will be sent to the physician for verification and approval by the Claims Coordinator
    - i. The employee will be contacted regarding the position via phone and mail
    - ii. Employee will have \_\_\_\_\_ days (if internal position) to accept the position
    - iii. Claim Coordinator will contact the employee 2 days before the deadline to determine acceptance and provide instructions
    - iv. If injured worker fails to report to work contact the claim manager.

If the employee refuses to work in the Return-to-Work program, Time Loss Benefits may not be payable by the Dept. of Labor & Industries.

All documents will be sent to the Dept. of Labor and Industries with the claim number written in the upper right corner.

Under the Return-to-Work program, (EMPLOYER NAME) does not intend to create long-term jobs for accommodation of permanent disability. The length of a Light Duty, Temporary or Transitional work

## APPENDIX A

assignment is based on several factors including medical recovery, compliance with medical treatment plan, physician input and availability of work.

### **VIII. Conclusion of Temporary Transitional Work Assignments**

Temporary Transitional work assignments conclude when one of the following occurs:

- 1.** Upon receipt by (EMPLOYER NAME) of a medical report stating the employee can return to regular duties.
- 2.** Upon receipt by (EMPLOYER NAME) of a medical report stating that the employee will be permanently unable to return to the job performed at the time of injury.

***Note: A successful Return-to-Work program involves having a formal documented procedure of the process. In determining the procedures, an organization should tailor them to fit their company standards.***

# Sample Cover Letter/instructions for Injured Worker

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Company name & address

Contact name & number

Dear Employee,

We are sorry to learn of your injury and your recovery is important to us. (Company Name) is committed to ensuring the safety and health of our employees, and it is important to learn how your injury occurred so preventative measures can be taken in the future.

(Company Name) has a Temporary Transitional duty program to aid in the recovery process following an on-the-job injury. Should your injury require that you work a transitional **temporary** job during recovery please help us by clearly communicating any injury-related problems you have performing your assigned duties.

Below is a list of what needs to be done immediately following **every** workplace injury.

## **Injuries not requiring immediate medical care:**

The injured employee and supervisor must complete the company's Accident Report regardless of whether medical care is needed at the time. The reasons for completing the required paperwork are

- By reporting injuries (Company Name) can correct unsafe conditions or actions
- The injury may require medical care at a later date
- Should the injury require medical care at a later date (Company Name) will have the required information necessary for processing an L&I claim and completing our OSHA log.

## **Injuries requiring medical care:**

- The Accident Report must be completed.
- If medical care is needed the employee must take the Injured Worker Packet to the doctor's office and inform the doctor that (Company Name) has a return to work program and may provide temporary transitional work during recovery.
- The employee must return the *Transitional Duty Form* and the *Activity Prescription Form* the same or next day of their doctor's visit to their supervisor.

## **If released to modified duty:**

- The Claims Coordinator will provide you with a *Job Offer Letter* prior to starting the next shift.
- The supervisor must not assign work that exceeds restrictions, and you must work within your limitation as outlined by the attending physician.
- At each follow-up appointment you will provide the doctor or other medical practitioner with a new *Transitional Duty Form* and *Activity Prescription Form* for updating. The updated forms must be provided to your supervisor upon returning to work.
- All modified duty jobs are **temporary** in nature and (Company Name) anticipates you will be able to return to the job-of-injury.

## Return-to-Work Authorization

(Required to be approved by Doctor)

Company name & address

Contact name & number

Employee:

Job Title:

Date of Injury:

### Dear Attending Physician:

We are a proactive company and care about our workers. We recognize early Return-To-Work as being important to the workers' psychological, financial, and physical wellbeing.

### **Your assistance is appreciated!**

We have also included the job of injury, and a job description for a ***modified / light duty / transitional*** position we have available if our employee is not released to their job of injury. Further adjustment to these positions may be possible if needed.

Please complete the Activity Prescription Form and include any comments on our employee's ability to work. Please give a copy of the completed form to our employee or fax to (Add Number).

Please call if you have any questions.

Sincerely,

\_\_\_\_\_  
Attending Physician

\_\_\_\_\_  
Date

Department of Labor and Industries Physician Billing codes Review of Job Analysis and Job Description 1033M-Limit: one per day 1023M-Each additional review, up to five per worker per day			<b>EMPLOYER'S JOB DESCRIPTION</b>	
		<input type="checkbox"/>	<input type="checkbox"/> Job of Injury <input type="checkbox"/> Permanent Modified Job <input type="checkbox"/> Light duty/Transitional	
Workers	*****	Claim #	*****	
Company	*****	Job Title	*****	
Phone #	*****	FAX#	*****	Hours per day: *****
Employer Name (Please print)	*****	Title	*****	
Employer Signature				Date *****

**Essential Job Duties**  
\*\*\*\*\*

**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	<input type="checkbox"/> *****	
Standing	<input type="checkbox"/> *****	
Walking	<input type="checkbox"/> *****	
Climbing Ladders/Stairs	<input type="checkbox"/> *****	
Twisting at the waist	<input type="checkbox"/> *****	
Bending/Stooping	<input type="checkbox"/> *****	
Squatting/Kneeling	<input type="checkbox"/> *****	
Crawling	<input type="checkbox"/> *****	
Reaching Out	<input type="checkbox"/> *****	
Working above shoulders	<input type="checkbox"/> *****	
Handling/Grasping	<input type="checkbox"/> *****	
Fine Finger Manipulation	<input type="checkbox"/> *****	
Foot Controls/Driving	<input type="checkbox"/> *****	
Repetitive Motion	<input type="checkbox"/> *****	
Talking/Hearing/Seeing	<input type="checkbox"/> *****	
Vibratory Tasks	<input type="checkbox"/> *****	
Lifting (*****)-lbs	<input type="checkbox"/> *****	
Carrying (*****)-lbs	<input type="checkbox"/> *****	
Pushing/Pulling (*****)-lbs	<input type="checkbox"/> *****	
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 *****	



**INSURER ACTIVITY PRESCRIPTION FORM (APF)**

Billing Code: 1073M (Guidance on back)

Reminder: Send chart notes and reports to L&I or to SIE/TPA as usual

<b>General Info</b>	Worker's Name:	Visit Date:	Claim Number:																																																																																																																																									
	Health-care Provider's Name (printed):	Date of Injury:	Diagnosis:																																																																																																																																									
<b>Required: Released for work?</b> <small>Check at least one</small>	<input type="checkbox"/> Worker is released to the job of injury without restrictions as of (date): ____/____/____ Skip to "Plans" section below.		<b>Required: Key Objective Finding(s)</b>																																																																																																																																									
	<input type="checkbox"/> Worker may perform modified duty, if available, from (date): ____/____/____ to ____/____/____ <input type="checkbox"/> Worker may work limited hours: ____ hours/day from (date): ____/____/____ to ____/____/____ <input type="checkbox"/> Worker is working modified duty or limited hours Please estimate capacities below <u>and</u> provide key objective findings at right.																																																																																																																																											
<b>Required: Estimate what the worker can do</b> <small>Unless released to JOI</small>	Capacity duration (estimate days): <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 30+ <input type="checkbox"/> permanent		<b>Other Restrictions / Instructions:</b>																																																																																																																																									
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="font-size:small;">Worker can: (Related to work injury.) 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<b>Required: Plans</b>	Worker progress: <input type="checkbox"/> As expected / better than expected. <input type="checkbox"/> Slower than expected. Address in chart notes  Current rehab: <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Home exercise <input type="checkbox"/> Other _____  Surgery: <input type="checkbox"/> Not Indicated <input type="checkbox"/> Possible <input type="checkbox"/> Planned Comments: _____		<input type="checkbox"/> Next scheduled visit in: ____ days, ____ weeks. <input type="checkbox"/> Treatment concluded, Max. Medical Improvement (MMI) Any permanent partial impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly If you are qualified, please rate impairment for your patient. <input type="checkbox"/> Will rate <input type="checkbox"/> Will refer <input type="checkbox"/> Request IME <input type="checkbox"/> Care transferred to: _____ <input type="checkbox"/> Consultation needed with: _____ <input type="checkbox"/> Study pending: _____																																																																																																																																									
<b>Sign</b>	Signature (Required): _____ ( ) _____ Date: ____/____/____ <input type="checkbox"/> Doctor <input type="checkbox"/> ARNP <input type="checkbox"/> PA-C _____ <input type="checkbox"/> Copy of APF given to worker <span style="float:right;"><input type="checkbox"/> Talking points (on back) discussed with worker</span>																																																																																																																																											

State Fund Claims: Fax to claim file. Choose any number: 360-902-4292 360-902-4565 360-902-4566 360-902-4567  
360-902-6230 360-902-6100 360-902-6252 360-902-6450

\*Self-Insured Claims: For a list of SIE/TPAs, go to: [www.Lni.wa.gov/Claims/Ins/Insurance/SelfInsure/EmpList/FindEmps/Default.asp](http://www.Lni.wa.gov/Claims/Ins/Insurance/SelfInsure/EmpList/FindEmps/Default.asp)

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Sample Formal Job Offer to injured worker

**Date:**

**Employee's Name**

**Address**

**City, State, Zip Code**

Re: **Claim #** \_\_\_\_\_

**Dear** \_\_\_\_\_:

Your doctor has released you for modified duty work, which **he/she** feels you are able to do until you can return to your regular job. Therefore, we would like to offer you the temporary, modified duty job of \_\_\_\_\_. Attached is a copy of the job description approved by your attending doctor.

Please report to your immediate supervisor for your modified duty job on **(insert date)** at **(insert time AM/PM)**. Your pay will be \$\_\_\_\_\_ **per** \_\_\_\_\_ **(hour/month)**. Loss of Earning Power (LEP) benefits may apply if your restricted duty wage is less than your regular wage.

As you improve, the physical demands of the job may change, as approved by your doctor. Usually, a modified duty assignment lasts anywhere from a few days to several weeks, depending on your medical condition.

Your signature below indicates that you have reviewed this offer. Please return this signed job offer agreement to me by **(insert date—10 to 14 days from date of letter)**. A self-addressed, stamped envelope is enclosed for your convenience.

Should you have any questions about this job offer, please contact me at **Your Phone#**.

Sincerely,

### CHECK ONE:

I accept this job offer: \_\_\_\_\_

I do not accept this job offer: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Enclosures:    Approved Job Description  
                  Extra Copy of this letter for employee's records

**CC:    Claims Manage**

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	



APPENDIX C

Department of Labor and Industries

Physician Billing codes

Review of Job Analysis and Job Description

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# 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			
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 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			
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

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 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**

<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	

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Department of Labor and Industries

Physician Billing codes

Review of Job Analysis and Job Description

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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			
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 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			
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

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 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

APPENDIX C

Department of Labor and Industries

Physician Billing codes

Review of Job Analysis and Job Description

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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APPENDIX C

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	<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 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**

<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

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 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**

<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

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 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