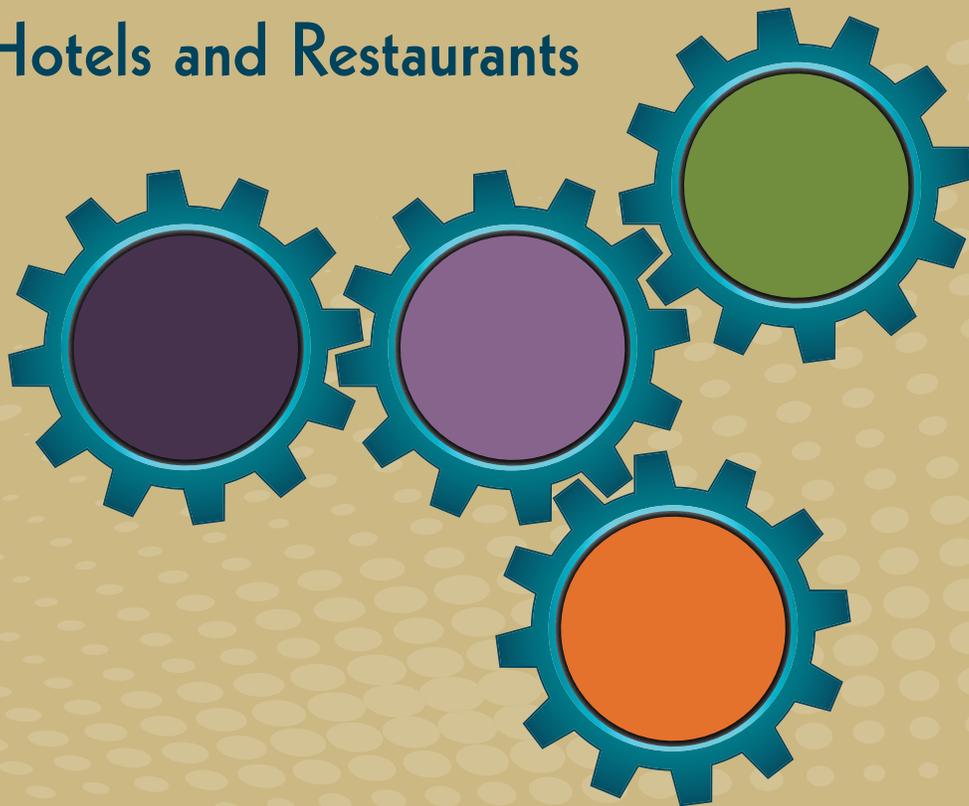


RETURN-TO-WORK  
**GUIDE**<sub>FOR</sub>  
Hotels and Restaurants



# Acknowledgments

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# Return-to-Work Guide for Hotels and Restaurants

## WHAT IS RETURN-TO-WORK?

How do you allow a worker to continue healing from an injury while they continue to work at a restaurant or at a lodging establishment?

**At a restaurant, it could happen in the back-of-the-house.** One of your longtime cooks accidentally cuts themselves with a butcher's knife as they are preparing a meal. The wound is deep and cuts a tendon, and they are out of work as they recover.

**It could happen in the front-of-the-house.** One of the star members of your wait staff unknowingly walks onto a wet floor as they are carrying a meal to your guests. They slip, fall and break their arm. Like your cook with the knife wound, they are also out of work as their injury heals.

**At a hotel, a housekeeper** might trip over a vacuum cleaner cord as they are cleaning a room, slipping, falling and hitting their head against the side of a chest, injuring their head. They are out of work as they recover.

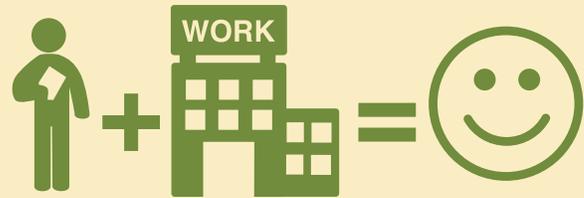
**It could also happen to a hotel porter,** who lifts a guest's heavy baggage, forgetting to bend their knees, injuring themselves as a result. They are also out of work as they recover.

Accidents like these can and do happen, but for most workers' compensation claims, employees' recovery time can be reduced, cutting the cost of claims.

**Return-to-Work is a concept from the Washington State Department of Labor Industries that helps your employees get back to work as soon as possible.** This can be done by giving your employees shorter hours, doing different work and assigning light duty tasks until they are fully recovered.

## WHAT'S IN IT FOR ME?

It makes sense to keep your employee connected to your restaurant or lodging establishment during recovery. The sooner you get employees back to work, the quicker they recover and the less likely they are to slip into full disability.



It also reduces the financial impact on your workers' compensation premiums. Less time off work means lower premiums.



## WITH RETURN-TO-WORK YOU GET:

- Skilled and experienced employees continue working for you,
- Productivity loss is kept to a minimum,
- Reduced training costs for new employees,
- Opportunities to complete work that otherwise would not be done, and
- Possibly decrease risk of re-injury.

## WHAT'S IN IT FOR MY EMPLOYEES?

- Decreased recovery time,
- Focus on "ability," not "disability,"
- Decreased risk of re-injury,
- A sense of job-security, and
- Continued contact with co-workers.



# Return-to-Work and Stay At Work

## WHAT IS THE DIFFERENCE BETWEEN RETURN-TO-WORK AND STAY AT WORK?

**01 >>**  
  
**RETURN-TO-WORK**

Return-to-Work is a process by which employers and their third party representatives control their claims costs through proactive light-duty measures.

Effective return-to-work approaches can help injured workers heal from their industrial injury while continuing to work, maintain productivity, and improve morale.

While the two programs go hand-in-hand, Return-to-Work is a toolkit that helps employers, employees, and medical providers understand the return-to-work process.

It provides resources to help return the worker to gainful employment as quickly as possible.

**02 >>**  
  
**STAY AT WORK**

Washington Stay at Work is a new financial incentive program that helps employers keep injured workers on the job or bring them quickly and safely back into light-duty or transition work by reimbursing employers a portion of their costs.

If you're eligible, you can be reimbursed as much as 50 percent of the employee's base wages paid for up to 66 days with a maximum of \$10,000 per claim in a 24-month period.

If employers must make purchases so injured workers can perform their jobs, Stay at Work may pay for training fees or materials, tools and clothing. For more details, visit [www.lni.wa.gov/main/stayatwork](http://www.lni.wa.gov/main/stayatwork).

**Once the worker has returned to work, the employer may apply for Stay at Work incentives to reimburse them for their costs as described above.**

# How Does Return-to-Work Work?

## BEFORE AN INJURY

Utilize what the Washington Restaurant Association ([www.warestaurant.org](http://www.warestaurant.org)) and its RETRO program

([www.warestaurant.org/wise-buy/retro](http://www.warestaurant.org/wise-buy/retro)) has to offer to help you prevent injuries, and visit L&I at [www.lni.wa.gov](http://www.lni.wa.gov).

## IT'S ALWAYS A GOOD POLICY TO

- 01 Establish a strong safety program.
- 02 Write job descriptions for all positions.
- 03 Identify light-duty tasks and develop transitional return-to-work opportunities.
- 04 Make sure your employees know how Return-to-Work benefits them.
- 05 Be prepared to act quickly when an injury occurs.
- 06 Report all injuries to your Return-to-Work lead.

## AFTER AN INJURY

Employers must report to L&I the death or inpatient hospitalization of any employee (within 8 hours) and

any non-hospitalized amputation or loss of eye (within 24 hours) due to an on-the-job injury by calling 1-800-423-7233.

- 01 Contact your injured employee and provide them with an injury packet to take to the medical provider.
- 02 Identify the position the worker was performing at the time of injury, and determine the worker's work pattern (e.g. 8 hours per day, 5 days per week). Provide this information to your Workers' Comp. Administrator or L&I.
- 03 Submit your portion of the Report of Accident form to Workers' Comp. Administrator or L&I.
- 04 Ask your employee to return after seeing the medical provider to discuss return to work solutions.
- 05 Talk to your injured employee and let them know that they are a valued part of the business. Let them know you are working to modify their work to allow them to continue as they heal from their industrial injury.
- 06 Monitor the claim via [www.ClaimInfo.Lni.wa.gov](http://www.ClaimInfo.Lni.wa.gov) to obtain information about the injured employee's diagnosis, prognosis for recovery, and work restrictions.

continued on next page

## AFTER AN INJURY

- ✓  
07 Review the Activity Prescription Form (APF) completed by the employee's health-care provider.
- 08 Contact Workers' Comp. Administrator or L&I to request a new APF, if you need updated information about your employee's physical capabilities.
- 09 Utilize the existing light duty job descriptions located in the appendix section, or create your own using the form provided.
- 10 Describe the tools and equipment the employee may use to perform the job, how often the employee will perform the tasks, how long the tasks will take, and the physical demands required to perform the tasks.
- 11 Include possible accommodations in the job description.
- 12 Communicate the status of the light-duty or modified work to your employee. Educate them regarding the process and next steps you will be taking.
- 13 Contact the health care provider to review the job description and any other light duty work available to your employee, and to clarify any restrictions.
- 14 Having your employee sign off on job description protects you and allows you to apply for Stay at Work reimbursement.
- ✓  
15 Let the health care provider know how soon you need approval.
- 16 The health care provider must approve the job description before your employee begins these duties.
- 17 If you need help communicating with the health care provider, contact Workers' Comp. Administrator or L&I. Consider joining WRA/LA to gain the benefits of RETRO
- 18 If the health care provider releases your employee to perform the work in the job description, offer your employee the job in writing utilizing the form enclosed in the appendix. Keep in mind the highlighted areas must be completed. (The job offer letter has been created to meet the Revised Code of Washington (RCW) 51.32.090 (4)(b) and Labor and Industries policy requirements for a bona fide job offer. Contact your Workers' Comp. Administrator, if you need to alter the letter.
- 19 If you cannot modify your employee's regular job, think about placing your employee in an alternative job during recovery.
- 20 Talk with your employee's healthcare provider if you or your employee have any significant questions about, or issues with the restrictions.
- 21 Continue to work with your Workers' Comp. Administrator or L&I.

## After Your Employee Returns to Work

### Regularly check

with your employee on how they are progressing.

**Make sure** any restrictions from your employee's health-care provider are being met

AFTER YOUR  
EMPLOYEE  
RETURNS TO  
WORK

### Notify Your Workers' Comp Administrator or

**L&I** if you are not able to accommodate ongoing or permanent restrictions.

### Stay in contact

with your employee's health care provider; you'll need the provider's approval for changes in duties.

# What Do I Document?

You will want to document your attempts to return your employee to work, especially if your employee is not cooperating with your attempts to get him or her back to work. Remember it's better to be safe than sorry. If necessary, you will want to:



# Light-Duty Description for Hospitality Employees

The following includes examples of light duty job descriptions for both front of the house and back of the house positions. These job descriptions can be utilized as necessary to help facilitate return to work opportunities for your employees. These

descriptions, as previously described, need to be sent to the worker's attending physician for review, and signature. If approved, you may send the approved document to the worker with a completed formal job offer letter.

## THERE ARE FOUR KEY COMPONENTS THAT MUST BE INCLUDED WITH THIS PROCESS

01



The light duty job description must be approved by the worker's attending physician.

02



The job offer letter must meet the criteria spelled out in both the RCWs, and the Department of Labor and Industries policies, this includes all of the information included in the sample found in the appendix.

03



You must provide the worker a reasonable time frame to respond (e.g. 10 days minimum).

04



When sending the formal job offer letter, the approved job description **MUST** be included. If these components are not followed, the job offer may not be considered valid.

If you have any questions regarding this process, contact your Workers' Comp. Administrator or L&I. They are there to assist you with this process.

RCW 51.32.090 (4) (B)

SAMPLE JOB OFFER LETTER

EMPLOYER'S JOB DESCRIPTIONS

# What are the Specific Requirements of a Modified Duty Job Offer?

THE COMPONENTS OUTLINED IN RCW 51.32.090 (4) (B) ARE SUMMARIZED AS FOLLOWS



**A transitional job is a temporary job** other than the worker's usual work which allows the worker to return to work with the employer of record;



**The attending provider** must receive a written statement describing the work the worker is expected to perform for the employer of injury;



**The attending provider** must approve in writing that the worker is physically able to perform the work described;



**The worker must be provided** a copy of the written statement describing the work the worker is expected to perform for the employer of injury; and



**Any health and welfare benefits** that the worker was receiving at the time of injury shall be continued or resumed at the same level he or she had at the time of injury.

## RCW 51.32.090 (4) (b)

Whenever the employer of injury requests that a worker who is entitled to temporary total disability under this chapter be certified by a physician or licensed advanced registered nurse practitioner as able to perform available work other than his or her usual work, the employer shall furnish to the physician or licensed advanced registered nurse practitioner, with a copy to the worker, a statement describing the work available with the employer of injury in terms that will enable the physician or licensed advanced registered nurse practitioner to relate the physical activities of the job to the worker's disability. The physician or licensed advanced registered nurse practitioner shall then determine whether the worker is physical able to perform the work described. The worker's temporary total disability payments shall continue until the worker is released by his or her physician or licensed advanced registered nurse practitioner for the work, and begins the work with the employer of injury. If the work thereafter comes to an end before the worker's recovery is sufficient in

the judgment of his or her physician or licensed advanced registered nurse practitioner to permit him or her to return to his or her usual job, or to perform other available work offered by the employer of injury, the worker's temporary total disability payments shall be resumed. Should the available work described, once undertaken by the worker, impede his or her recovery to the extent that in the judgment of his or her physician or licensed advanced registered nurse practitioner he or she should not continue to work, the worker's temporary total disability payments shall be resumed when the worker ceases such work.

Essentially, this means that the employer has the right to offer a worker light duty work that has been approved by his attending physician or advanced registered nurse practitioner. The light duty job description must clearly outline the physical demands required of the worker. Once the medical provider approves the document, the light duty job offer may be made to the injured worker.

## What are the Specific Requirements of a Modified Duty Job Offer?

CONTINUED

ACCORDING TO THE INSURANCE SERVICES POLICY MANUAL INTERIM POLICY 5.15 AND INTERIM TASK 5.18-A, THE JOB OFFER IS CONSIDERED VALID WHEN THE JOB OFFER INCLUDES THE FOLLOWING COMPONENTS

- >> **A statement** that the employer reasonably expects the job to continue in the future;
- >> **Location** of the work site;
- >> **Job duties**;
- >> **A reasonable start date** (this must be at least 10 days past the mailing date of the letter);
- >> **Number of hours per day**;
- >> **Wages**; and
- >> **The graduated schedule of work hours and/or work duties**, if applicable;
- >> **To whom** the worker will report;

The Department will not consider any transitional job offer to be valid if any element violates the worker's collective bargaining agreement including the assignment of work and payment of benefits or wages.

Light duty work does not need to be related to the worker's regular job duties; however, it must provide a meaningful and respectful work environment, and must further the business of the employer.

# SAMPLE JOB OFFER LETTER

Date Letter is Mailed

Injured Worker Name  
c/o Attorney (if applicable)  
Street Address  
City, State, and Zip Code

RE: L&I Claim #: Claim Number

Dear Injured Worker's Name,

I am pleased to offer you employment with Name of Employer in City of Employment which will accommodate your current physical capacities. The job is that of Job Title. This job is available on a reasonably continuous basis and additional modifications can be made based on objective medical findings and associated restrictions. The details of this offer are subject to all hiring and employment requirements and may include verification of employment eligibility and drug testing. A detailed description of the job which was approved by your attending medical provider on Date has been attached for your review. The specifics of your employment include but are not limited to:

1) You will report for duty on Day of Week, Date, Time A.M./P.M. at the following address:

Name of Employer  
Street Address  
City, State, and Zip Code

2) Your shift will begin at Time A.M./P.M. and last until Time A.M./P.M. List schedule specifics here. You will be scheduled for XX hours per week. This is based on your pattern of employment established prior to the date of your injury.

3) You will report to Supervisor's Name who will act as your direct supervisor, and has been advised of your physical capacities.

4) Your wage will be \$X.XX per hour and you will receive benefits in accordance with our company policy.

5) If you have additional medical appointments, you must schedule them outside of work hours unless approved by a supervisor, or scheduled by L&I.

6) As necessary, training will be provided to help satisfactorily complete assigned duties not previously performed.

7) Should you experience any difficulties in the performance of your duties; you are to report them to Supervisor's Name as soon as possible. You should not take it upon yourself to perform any task that is outside the physical limitations determined by your attending medical provider. Should you voluntarily work beyond your physical limitations as prescribed by your attending physician, actions will/may be taken in accordance to company policy.

8) This employment relationship is at-will which means both we as the employer and you as the employee are free to end this relationship at any time with or without cause.

**Upon receipt of this letter please contact me, Person Drafting Letter, at (XXX) XXX-XXXX to accept or decline this job offer.** If I am unavailable, please leave me a message for I am the only authorized individual that may accept your decision. This position is available immediately if you wish to return to work before the start date.

The Department of Labor and Industries has been notified of this job offer. **Please check the appropriate box below and return this letter to me, Person Drafting Letter, by hand, or post-marked before Date Worker is to Start Work A.M./P.M.. If you do not show up for work on Day of Week, Date at Time A.M./P.M., your claim benefits may be affected.**

I ACCEPT THIS OFFER

I DECLINE THIS OFFER (may affect L&I time loss benefits)

\_\_\_\_\_  
Injured Worker's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

Sincerely,

Person Drafting Letter  
Title

Encl.: Job Description Approved by Attending Medical Provider

Cc: L&I Claims Manager, ERNwest Claims Manager, Attending Medical Provider

# Employer's Job Descriptions

## FOOD & BEVERAGE

- Dining Room Attendant
- Host/Hostess
- Side Worker/Restroom Monitor
- Front End Cashier
- Drive Thru Cashier
- Telephone Host
- Bar Assistant
- Identification Checker
- Detailer
- Kitchen Assistant
- Prep Cook

## LODGING

- Laundry Attendant
- Breakfast Attendant
- PDX/Telephone Operator
- Room Attendant
- Concierge
- Front Desk Assistant
- Maintenance

## EMPLOYER'S BLANK JOB DESCRIPTION TEMPLATE

Contact Workers' Comp. Administrator or L&I for information and assistance with filling out the Job Description forms.

**Physician Billing codes**

1038M-Limit one per day

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

# EMPLOYER'S JOB DESCRIPTION

Job of Injury     Reasonably Continuous Modified Job     Light Duty/Transitional

Worker		Claim #	
Company		Job Title <b>Dining Room Attendant</b>	
Phone #	FAX#	Hours per day	Days per week
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties:** Individuals employed in this capacity are responsible for maintaining a clean dining environment and providing support to the front end staff. Greets customers as they enter the establishment. May answer miscellaneous questions, such as directing them to the proper area to place their order, seating areas, or other amenities. Clears dining room tables as needed, which may include removing trays, food wrapping, and other debris left at the table. Spot cleans windows and wipes down window sills. Straightens up public bathrooms, such as wiping down counters or mirrors and picking up debris. Wipes down tables, seats, and trays with a damp cloth. Places "wet floor" sign when appropriate. Replenishes and organizes various items at the front counter and in the dining area, such as condiments, sauce cups/lids, utensils, napkins, salt/pepper packets, sweetener packets, straws, and cup lids. A cart is available to minimize lifting or carry of these items and the worker has discretion to collect these items to complete tasks seated at a booth or table.

**Machinery, tools, equipment and personal protective equipment:** Wheeled cart, trays, condiment containers, straws, cup lids, napkins, rags, cleaning solutions, wet floor sign, and other items.

**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	Sits at table or booth to replenish and organize dining room products.
Standing	F	Spot cleaning windows, wiping down counters, tables or seating, and other essential tasks.
Walking	F	About restaurant as needed, primarily in the dining room up to 20ft. Intermittent with standing.
Climbing Ladders/Stairs	N	Not required.
Twisting at the waist	N	Not required. Avoided with ample space and proper body mechanics.
Bending/ Stooping	O	Wiping down seating or tables, picking up debris from the floor, or to retrieve stored items.
Squatting/Kneeling	N	Not required but may occur at the worker's discretion in lieu of bending/stooping.
Crawling	N	Not required.
Reaching Out	F	Wipe down windows, tables, or seating, maneuvering wheeled cart, etc. Bilateral and unilateral.
Working above shoulders	S	May occur unilaterally to spot clean a window.
Handling/Grasping	F	While completing essential functions.
Fine Finger Manipulation	O	Occurs while cleaning, restocking, and organizing.
Foot Controls/Driving	N	Not required.
Repetitive Motion	S	Unilateral to spot cleaning windows, wipe down surfaces such as door handles, counters, tables.
Talking/Hearing/Seeing	C	Observing work being completed. Communicating with coworkers, supervisor, or customers.
Vibratory Tasks	N	Not required.
Lifting (Up to 5) lbs	F	Trays, food wrappings, rags, containers, and other items, unilateral.
Carrying (Up to 5) lbs	O	Trays, food wrappings, rags, containers, etc., unilateral. Minimized by using a cart.
Pushing/Pulling (up to 5) lbs	S	Wheeled cart, doors, cleaning activities, and other instances, unilaterally.
Comments/Other: (270 Characters): Modifications to this position recommended by the attending physician will be considered.		

**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	

**Physician Billing codes**

1038M-Limit one per day

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

**EMPLOYER'S JOB DESCRIPTION**
 Job of Injury     Reasonably Continuous Modified Job     Light Duty/Transitional

Worker		Claim #	
Company		Job Title <b>Host/Hostess</b>	
Phone #	FAX#	Hours per day	Days per week
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties:** Individuals employed in this capacity are responsible for greeting guest, escorting them to their table and providing menus. Ascertains the number of guests in their party, identifies an available table to accommodate their size, obtains sufficient number of menus, escorts guests to their table, and passes out menus. Ensures tables are properly set before guests are seated and communicates setting needs to the service staff. Maintains seating chart. Answers phone according to established policy and takes reservations or answers general questions. Organizes and maintains a clean service podium. Restock smaller supply items or linens. Ensures all menus are clean at the start of their shift. Assists with shift side-work as assigned, such as generally cleaning, organizing, or restocking. Reports guest communications to supervisor when appropriate.

**Machinery, tools, equipment and personal protective equipment:** Telephone, seating chart, reservation log, writing utensil, computerized POS system, menus, cleaning solutions, rags, stool or chair, and other related items.

**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	A stool or chair is available to allow alternative sitting and standing as needed at podium.
Standing	O	Passing out menus, conversing with customers, maintaining service station, etc.
Walking	O	Escorting to table, maintaining service station, cleaning, and other side work. Up to 25ft
Climbing Ladders/Stairs	N	Not required.
Twisting at the waist	N	Not required. Avoided with ample space and proper body mechanics.
Bending/ Stooping	S	May occur to pick fallen items.
Squatting/Kneeling	N	Not required but may occur at the worker's discretion in lieu of bending/stooping.
Crawling	N	Not required.
Reaching Out	O	Passing menus, cleaning, maintaining service station, answering phone, etc., unilateral.
Working above shoulders	N	Not required
Handling/Grasping	O	Telephone receiver, menus, rags, and other items, unilateral.
Fine Finger Manipulation	O	Writing, cleaning, telephone buttons, data entry, and other instances, unilateral.
Foot Controls/Driving	N	Not required.
Repetitive Motion	N	Not required.
Talking/Hearing/Seeing	C	While performing essential tasks and communicating with guests, staff, supervisor and others.
Vibratory Tasks	N	Not required.
Lifting (Up to 2) lbs	O	Menus, cleaning agents, rags, telephone receiver, light service items, etc., unilateral.
Carrying (Up to 2) lbs	O	Menus, cleaning agents, rags, telephone receiver, light service items, etc., unilateral.
Pushing/Pulling (UP to 5) lbs	S	May occur to open a door or maneuver a chair.
Comments/Other: (270 Characters): Modifications to this position recommended by the attending physician will be considered.		

**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	

**Physician Billing codes**

1038M-Limit one per day

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

# EMPLOYER'S JOB DESCRIPTION

Job of Injury     Reasonably Continuous Modified Job     Light Duty/Transitional

Worker		Claim #	
Company		Job Title <b>Side Worker/Restroom Monitor</b>	
Phone #	FAX#	Hours per day	Days per week
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties:** The worker may perform side work such as rolling napkins, cleaning menus, filling condiment containers, stocking paper products, cleaning coffee pots, wiping down condiment containers, etc. The worker also checks the restrooms at the top of every hour for cleanliness, and to ensure it is fully stocked. If restocking is necessary, the worker may replace toilet paper, hand towels, and call for someone to remove trash.

**Machinery, tools, equipment and personal protective equipment:** Silverware, adhesive strips, condiment containers, paper products, menus, bar towels, plastic bins. (Bins of silverware, wrapped and unwrapped, are lifted by other employees.)

**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	The worker may perform side work from a seated or standing position, and has discretion.
Standing	S	Not required. See notes under sitting section.
Walking	S	Required to access booth, table, work station, and restroom. Walking may be performed on carpet, tile, wood and vinyl surfaces.
Climbing Ladders/Stairs	N	Not required.
Twisting at the waist	N	Not required.
Bending/ Stooping	N	Not required.
Squatting/Kneeling	N	Not required.
Crawling	N	Not required.
Reaching Out	O	Reaching out is performed for approximately two or three seconds at a time to access and replace items.
Working above shoulders	N	Not required.
Handling/Grasping	C	Required to hold silverware, paper products, coffee pots, condiments, bar towels, etc.
Fine Finger Manipulation	O	May be required to separate napkins, and remove adhesive from strips.
Foot Controls/Driving	N	Not required.
Repetitive Motion	F	Performed when rolling silverware. This equates to approximately 65% of the work performed.
Talking/Hearing/Seeing	N	This task does not require talking, hearing, or even seeing, and could be performed by touch; however, seeing makes the task easier.
Vibratory Tasks	N	Not required.
Lifting (2-3) lbs	O	Performed when accessing silverware from bin, and placing the silverware/napkin rolls in the second bin.
Carrying (0) lbs	N	Not required.
Pushing/Pulling (>2) lbs	F	Performed when rolling silverware. This function requires minimal push/pull force.
Comments/Other: (270 Characters) This task may be performed from a seated or standing position. The worker may stand and stretch using personal discretion.		

**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	

**Physician Billing codes**

1038M-Limit one per day

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

**EMPLOYER'S JOB DESCRIPTION**
 Job of Injury     Reasonably Continuous Modified Job     Light Duty/Transitional

Worker		Claim #	
Company		Job Title <b>Front End Cashier</b>	
Phone #	FAX#	Hours per day	Days per week
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties:** Individuals employed in this capacity operate a cash register at the front counter of the establishment. Greets customers, notifies them of specials, answers any questions about menu items, takes food order, and enters food order into the point of sales system. Repeats order back to customer to ensure accuracy, provides subtotal of the order, obtains chosen payment method, enters payment details into the POS system, runs debit or credit care if necessary, and provides receipt with appropriate change if applicable.

**Machinery, tools, equipment and personal protective equipment:** Cash register/Point of Sale, credit/debit machine, receipt paper, US currency, stool, trays, and other items.

**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	Utilizing a stool while operating cash register. Worker can sit/stand at their discretion.
Standing	O	Operating cash register, accepting payment, making change providing receive, etc.
Walking	S	To/from work station to break area or time clock.
Climbing Ladders/Stairs	N	Not required.
Twisting at the waist	N	Not required. Avoided with ample space and proper body mechanics.
Bending/ Stooping	S	To retrieve items from the floor if accidentally dropped.
Squatting/Kneeling	N	Not required but may occur at the worker's discretion in lieu of bending/stooping.
Crawling	N	Not required.
Reaching Out	O	Slight reach to operate cash register. Accepting payment, passing change/receipt, unilaterally.
Working above shoulders	N	Not required.
Handling/Grasping	O	Currency, debit/credit cards, receipts, unilaterally. Balancing till, bilaterally to count currency.
Fine Finger Manipulation	O	Retrieve paper or coin currency from drawer, unilateral. Occurs bilaterally to count currency.
Foot Controls/Driving	N	Not required.
Repetitive Motion	N	Not required.
Talking/Hearing/Seeing	C	Observe tasks being completed. Communicating with customers, coworkers, and supervisor.
Vibratory Tasks	N	Not required.
Lifting (Up to 1) lbs	F	Paper and coin US currency, debit/credit cards, receipts, and other negligible items, unilateral.
Carrying (Up to 1) lbs	N	Not required.
Pushing/Pulling (Up to 1) lbs	O	To close Cash register drawer, unilaterally.

Comments/Other: (270 Characters): Modifications to this position recommended by the attending physician will be considered.

**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

Physician Billing codes  
 1038M-Limit one per day  
 1028M-Each additional review, up to five per worker per day

## EMPLOYER'S JOB DESCRIPTION

Job of Injury     Reasonably Continuous Modified Job     Light Duty/Transitional

Worker		Claim #	
Company		Job Title <b>Drive Thru Cashier</b>	
Phone #	FAX#	Hours per day	Days per week
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties:** Individuals employed in this capacity are responsible for taking customer food orders through the drive thru intercom system, entering their orders into the point of sale system to total purchase, and collecting customer's chosen form of payment at the drive thru window. Greets customer through the intercom system. Advises of any specials and takes their order when ready. Answers any questions about menu items or daily specials. Records food order into the point of sale system, repeats order back for accuracy, reports total order cost, and advises to pull forward to the window to make payment. Accepts customer's payment at the window, such as paper or coin money, a combination of both, or a debit/credit card. Enters the transaction into the cash register, runs a debit or credit card if necessary, and provides receipt with appropriate change if applicable.

**Machinery, tools, equipment and personal protective equipment:** Cash Register (POS), credit/debit terminal, receipt paper, intercom system with headset, USA paper/coin currency, Stool, and other items.

**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	A stool is available to sit/stand as needed.
Standing	O	While operating intercom system and cash register or interacting with co-workers.
Walking	S	To move about the work area as needed, typically up to 10ft.
Climbing Ladders/Stairs	N	Not required.
Twisting at the waist	N	Not required. Avoided with ample space and proper body mechanics.
Bending/ Stooing	O	Collecting payment, items stored below waist, and passing change/receipt or food items.
Squatting/Kneeling	N	Not required.
Crawling	N	Not required.
Reaching Out	O	Unilaterally to collect payment, pass food items or change/receipt.
Working above shoulders	N	Not required.
Handling/Grasping	O	Unilaterally for currency, credit/debit cards, food items.
Fine Finger Manipulation	O	Operate cash register, intercom system, counting currency, pulling receipts. Unilaterally.
Foot Controls/Driving	N	Not required.
Repetitive Motion	N	Not required.
Talking/Hearing/Seeing	C	Basic English speaking ability, taking orders, and communicating with customers/staff.
Vibratory Tasks	N	Not required.
Lifting (Up to 2) lbs	O	Currency, change, receipts, credit/debit cards, order items, unilaterally.
Carrying (Up to 2) lbs	O	Currency, change, receipts, credit/debit cards, order items, unilaterally.
Pushing/Pulling (Up to 2) lbs	O	Opening/closing drive thru window, closing register drawer, unilaterally.
Comments/Other: (270 Characters): Modifications to this position recommended by the attending physician will be considered.		

### 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	

**Physician Billing codes**

1038M-Limit one per day

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

**EMPLOYER'S JOB DESCRIPTION**
 Job of Injury     Reasonably Continuous Modified Job     Light Duty/Transitional

Worker		Claim #	
Company		Job Title <b>Telephone Host</b>	
Phone #	FAX#	Hours per day	Days per week
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties:** Telephone Host – Answer telephone, and take food orders via telephone. Enter order into the computer, or hand write a food order ticket, and send to kitchen. Answer additional questions guests may pose.

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

Telephone, computer ordering system, writing utensil, paper, plastic bags

**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	The worker has discretion to sit or stand when answering phone.
Standing	F	The worker has discretion to sit or stand when answering phone.
Walking	S	The worker will walk on carpet, tile, vinyl, and/or wood surfaces to access lobby area to assist with the delivery of food orders.
Climbing Ladders/Stairs	N	Not required.
Twisting at the waist	N	Not required.
Bending/ Stooping	N	Not required.
Squatting/Kneeling	N	Not required.
Crawling	N	Not required.
Reaching Out	S	The worker may hand a to-go order to the customer.
Working above shoulders	N	Not required.
Handling/Grasping	F	The worker may answer phone, write food orders, assemble and distribute to-go orders.
Fine Finger Manipulation	O	The worker may enter order information into a computer system.
Foot Controls/Driving	N	Not required.
Repetitive Motion	N	Not required.
Talking/Hearing/Seeing	C	Talking and hearing are required to communicate with customers and co-workers.
Vibratory Tasks	N	Not required.
Lifting (1-10 ) lbs*	O	The worker may assemble and deliver to-go orders.
Carrying (1-10) lbs*	O	The worker may assemble and deliver to-go orders.
Pushing/Pulling (0) lbs	N	Not required.

Comments/Other: (270 Characters) Delivery of to-go food orders may be delegated to another employee, thus minimizing lift/carry to 1 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	

Physician Billing codes  
 1038M-Limit one per day  
 1028M-Each additional review, up to five per worker per day

## EMPLOYER'S JOB DESCRIPTION

Job of Injury     Reasonably Continuous Modified Job     Light Duty/Transitional

Worker		Claim #	
Company		Job Title <b>Bar Assistant</b>	
Phone #	FAX#	Hours per day	Days per week
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties:** Bar Assistant – The worker may prepare drink mixes to include juices, Bloody Mary mix, cut fruit, wipe down liquor and wine bottles, polishing glassware, cleaning shelves, cleaning soda machine attachments, cleaning bar and/or soda machine trays.

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

Juicer, knives, food storage containers, bar towels, polishing towels, polish, dust cloth, bleach or sanitizing detergent, cutting board

**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	The worker may sit when polishing glassware, and cleaning soda machine attachments.
Standing	F	Juice and food prep, as well as many of the cleaning tasks are performed from a standing position.
Walking	O	The worker may walk within the bar area to access various items.
Climbing Ladders/Stairs	N	Not required.
Twisting at the waist	N	Not required.
Bending/ Stoopng	S	Performed to access items located in cold storage under the bar.
Squatting/Kneeling	N	Not required.
Crawling	N	Not required.
Reaching Out	S	Performed when removing and installing soda machine diffusers, and when operating juicer.
Working above shoulders	S	Required when using manual juicer to pull down on juicer handle.
Handling/Grasping	O	Performed when handling knives, cutting boards, fruits, diffusers, cleaning supplies, trays
Fine Finger Manipulation	O	Performed when cleaning soda machine diffusers, and when cutting garnishments.
Foot Controls/Driving	N	Not required.
Repetitive Motion	N	Not required.
Talking/Hearing/Seeing	C	Talking and hearing are required to communicate with customers and co-workers, and work within bar in close proximity with other employees.
Vibratory Tasks	N	Not required.
Lifting (3-4, up to 10) lbs	O	Performed to access food items, fruits, and containers for garnishments, and mixes
Carrying (3-4, up to 10) lbs	O	Performed to access food items, fruits, and containers for garnishments, and mixes
Pushing/Pulling (Up to 10) lbs	S	May be required to operate manual juicer
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	

**Physician Billing codes**

1038M-Limit one per day

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

# EMPLOYER'S JOB DESCRIPTION

Job of Injury     Reasonably Continuous Modified Job     Light Duty/Transitional

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

**Essential Job Duties**

Monitor front door of establishment, and check identification of all guests entering the building. Verify all guests entering the building or property are of legal age. If appropriate, identify the guest with an ink stamp, or wrist band. Process cover charge, if appropriate. Accept monies, and make change accordingly. Notify restaurant personnel if the guest is underage, or if the guest appears intoxicated.

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

Flashlight, rubber stamp, ink pad, wrist bands, cash box, stool, podium.

**Frequency Guidelines**

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

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

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

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

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

Physical Demands	Frequency	Description of Task (80 characters)
Sitting	O	Checking identification, stamping wrists, or applying wrist band, accepting monies, making change.
Standing	F	Checking identification, stamping wrists, or applying wrist band, accepting monies, making change.
Walking	S	Accessing other areas of the establishment including restroom, break room, management office
Climbing Ladders/Stairs	N	Not required.
Twisting at the waist	N	Not required.
Bending/ Stooing	N	Not required.
Squatting/Kneeling	N	Not required.
Crawling	N	Not required.
Reaching Out	S	Accessing cash box, supplies, etc.
Working above shoulders	N	Not required.
Handling/Grasping	C	Identification, flashlight, monies – Grasp is not forceful.
Fine Finger Manipulation	N	Not required.
Foot Controls/Driving	N	Not required.
Repetitive Motion	N	Not required.
Talking/Hearing/Seeing	C	Communicating with guests and coworkers
Vibratory Tasks	N	Not required.
Lifting (1-5) lbs	C	Cash box, flashlight, identifications
Carrying (1-5) lbs	S	Cash box, flashlight
Pushing/Pulling (0) lbs	N	Not required.
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	

Physician Billing codes  
 1038M-Limit one per day  
 1028M-Each additional review, up to five per worker per day

## EMPLOYER'S JOB DESCRIPTION

Job of Injury     Reasonably Continuous Modified Job     Light Duty/Transitional

Worker		Claim #	
Company		Job Title <b>Detailer</b>	
Phone #	FAX#	Hours per day	Days per week
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties:** Individuals employed in this capacity are responsible for keeping the facility in a clean and orderly fashion under general supervision. Cleans windows, walls, door panels, refrigerator, and freezer. Dusts window sills, trim, decorations, and other common collection areas. Picks up debris, sweeps/mops floors, vacuums carpeted areas. Inspects light bulbs and reports burnt out bulbs to supervisor. Cleans and sanitizes bathrooms. Refills restroom dispensers, such as soap and paper towels. Inspects break room, parking lot, restaurant entry way, and other areas to collect litter. Assists with breaking down and disposal of cardboard as needed. Assists with other related projects as assigned. Daily responsibilities vary depending on daily needs of the employer.

**Machinery, tools, equipment and personal protective equipment:** Plastic gloves, various cleaning solutions, rags, duster, sponge, wheeled cart, bucket, trash tongs/reacher, broom, dust pan, mop, vacuum, garbage bags, and other related items.

**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	Occurs for breaks.
Standing	F	Required while performing essential tasks.
Walking	F	Moving about the work area to complete tasks, up to 25ft. Intermittent with standing.
Climbing Ladders/Stairs	S	Step stool as needed to access areas above shoulder level out of reach.
Twisting at the waist	N	Not required. Avoided with ample space and proper body mechanics.
Bending/ Stooping	O	While accessing areas below waist level in the course of essential functions.
Squatting/Kneeling	S	May be required in the course of essential functions, or occurs in lieu of bending/stooping.
Crawling	N	Not required.
Reaching Out	F	Required to complete essential tasks. Typically unilateral but bilateral instances may occur.
Working above shoulders	S	To access areas above shoulder level, unilateral.
Handling/Grasping	F	Rags, cleaning solutions, random debris, duster, and other items, unilateral and bilateral.
Fine Finger Manipulation	O	Spray bottles, cleaning, and other instances, unilateral.
Foot Controls/Driving	N	Not required.
Repetitive Motion	S	Wiping down surfaces, sweeping/mopping, and other instances, unilateral and bilateral.
Talking/Hearing/Seeing	C	While completing essential tasks and communicating with coworkers, supervisor, or guests.
Vibratory Tasks	N	Not required.
Lifting (Up to 5) lbs	F	Cleaning supplies, debris from floor/ground, and other items.
Carrying (Up to 5) lbs	O	Cleaning supplies, debris from floor/ground, and other items.
Pushing/Pulling (Up to 5) lbs	S	Doors, maneuvering shelved items, wheeled carts, and other instances, unilateral and bilateral.
Comments/Other: (270 Characters): Modifications of this position will be considered if recommended by an attending physician.		

### 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	

Physician Billing codes  
 1038M-Limit one per day  
 1028M-Each additional review, up to five per worker per day

## EMPLOYER'S JOB DESCRIPTION

Job of Injury     Reasonably Continuous Modified Job     Light Duty/Transitional

Worker	Claim #
Company	Job Title <b>Kitchen Assistant</b>
Phone #	FAX#
Hours per day	Days per week
Employer Name (Please print)	Title
Employer Signature	Date

**Essential Job Duties:** Individuals working in this capacity would be assigned to work in support of the kitchen staff. Portions various food items according to recipe and storage guidelines to meet daily demand using a scale or by counting. Washes or peels and slices or chops foods such as vegetables, meats, or fruits. Stores prepared and portioned food items in their proper location, such as refrigerator or freezer, utilizing knowledge of temperature requirements and food spoilage. Puts away cleaned pots, pans and utensils. Sanitizes serving trays. Scrapes food debris from plates and sorts dishes, utensils, or glasses to assist the dishwashing process. Checks bathrooms to ensure cleanliness standards are met and reports deficiencies to supervisor. Assists with cardboard breakdown and disposal as needed. Reviews delivered freight items to ensure all ordered items were delivered.

**Machinery, tools, equipment and personal protective equipment:** Plastic gloves, knife, cutting board, apron, scale, plastic bags, food containers, cellophane, wheeled cart, kitchen utensils, pans, slip resistant shoes, cleaning solutions, rags, and other items.

**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	Occurs for breaks. <b>See Comments Below.</b>
Standing	F	Portioning, preparing food items, sorting dishes, inventorying freight deliveries.
Walking	O	Moving about the kitchen and serving area as needed to complete essential tasks. Up to 25ft.
Climbing Ladders/Stairs	S	May occur for a step stool to retrieve items stored above shoulder out of reach.
Twisting at the waist	S	May occur within the confines of storage areas.
Bending/ Stoopng	S	Access items stored below waist level.
Squatting/Kneeling	N	Not required but may occur in lieu of bending/stooping.
Crawling	N	Not required.
Reaching Out	O	To reach across table or counter as needed to complete essential tasks.
Working above shoulders	S	May occur unilaterally to obtain items stored above shoulder height.
Handling/Grasping	F	Using knife, portioning items, putting away utensils and pans, and cleaning.
Fine Finger Manipulation	O	Sorting dishes, preparing food items, sealing storage containers, and other instances.
Foot Controls/Driving	N	Not required.
Repetitive Motion	O	Negligible force while chopping, slicing, or cleaning, unilateral.
Talking/Hearing/Seeing	C	Communicates with coworkers and staff. Observes essential tasks.
Vibratory Tasks	N	Not required.
Lifting (Up to 5 lbs	O	Food containers, kitchen utensils, pots/pans, dishes, cups, food items, knives, etc., unilateral.
Carrying (Up to 5) lbs	O	Food containers, kitchen utensils, pots/pans, dishes, cups, food items, knives, etc., unilateral.
Pushing/Pulling (Up to 5) lbs	S	Maneuvering wheeled cart and open/close refrigerator or freezer door.
Comments/Other: (270 Characters): Utilization of a stool or setting up a seated work station to complete essential tasks, and other modifications will be considered for this position if recommended by the attending physician.		

### 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	

**Physician Billing codes**

1038M-Limit one per day

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

**EMPLOYER'S JOB DESCRIPTION**
 Job of Injury     Reasonably Continuous Modified Job     Light Duty/Transitional

Worker		Claim #	
Company		Job Title <b>Prep Cook</b>	
Phone #	FAX#	Hours per day	Days per week
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties:** Individuals employed in this capacity are responsible for portioning meats, vegetables, condiments, mozzarella sticks, onion rings, and other menu items by weighing or counting for daily needs. Prepares dry mixes such as pancake mix. Stores prepared portioned items in designated storage area for later use. Stocks food stations as needed to prepare menu items. Stocks paper products, such as cups and food packaging. Prepares dressings/dressing mixes. Puts away kitchen items such as pans and trays. Inventories kitchen items and reports shortages to supervisor. Assists with sandwich assembly to cover breaks or during rush periods. Cleans work area, equipment, utensils to ensure a sanitary work environment.

**Machinery, tools, equipment and personal protective equipment:** Gloves, pans, trays, plastic bags, food containers, scale, kitchen utensils, apron, slip resistant shoes, cleaning solutions, rags, condiment containers, food wrapping.

**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	Occurs on breaks. See Comments Below.
Standing	F	Standing at work station performing essential tasks. See Comments Below.
Walking	O	Moving about work area as needed to complete essential tasks. Up to 20ft.
Climbing Ladders/Stairs	N	Not required.
Twisting at the waist	N	Not required. Avoided with ample space and proper body mechanics.
Bending/ Stooping	S	As needed to receive items stored below waist level.
Squatting/Kneeling	N	Not required.
Crawling	N	Not required.
Reaching Out	O	Proper positioning in front of the worker at approximately waist level limits reaching out.
Working above shoulders	N	Not required.
Handling/Grasping	F	To complete essential tasks. Can be completed unilaterally or bilaterally.
Fine Finger Manipulation	O	Portioning, cleaning, assembling sandwiches. Can be completed unilaterally or bilaterally
Foot Controls/Driving	N	Not required.
Repetitive Motion	N	Not required.
Talking/Hearing/Seeing	C	Observing work being performed. Communicating with co-workers and supervisor.
Vibratory Tasks	N	Not required.
Lifting (Up to 5) lbs	F	Individual and portioned food items, food or condiment containers, pans, utensils.
Carrying (Up to 5) lbs	O	Individual and portioned food items, food or condiment containers, pans, utensils.
Pushing/Pulling (Up to 5) lbs	O	Opening/closing refrigerator or freezer door, cleaning, and other instances.
Comments/Other: (270 Characters): The use of a sit/stand stool, reaching out unilaterally, and other modifications will be considered if recommended by a worker's attending provider.		

**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	

**Physician Billing codes**

1038M-Limit one per day

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

**EMPLOYER'S JOB DESCRIPTION**
 Job of Injury     Reasonably Continuous Modified Job     Light Duty/Transitional

Worker		Claim #	
Company		Job Title <b>Laundry Attendant</b>	
Phone #	FAX#	Hours per day	Phone #
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties:** Place soiled laundry into washing machines. Add detergents and washing agents. Apply settings, and turn on machine. Remove damp articles, and place in dryer. Apply settings, and turn on dryer. Remove articles, and place on folding table. Fold articles according to type. Place folded articles in bins for pick up and delivery.

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

Washing machine, dryer, articles to include sheets, pillow cases, bath towels, hand towels, wash clothes, and floor mats.

**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	A stool is available for use at the folding counter.
Standing	O	The worker has discretion to stand while folding laundry.
Walking	O	The worker walks between the laundry carts, folding table, the washer, and the dryer.
Climbing Ladders/Stairs	N	Not required.
Twisting at the waist	O	The worker may turn trunk while folding articles (not always, but at times), and when removing clothes from carts, washer, and dryer.
Bending/ Stooing	S	Performed when removing articles from laundry bin.
Squatting/Kneeling	N	Not required.
Crawling	N	Not required.
Reaching Out	F	Performed when loading/unloading washer and dryer, and when folding articles.
Working above shoulders	S	May be performed when folding sheets. The worker has discretion to utilize table for this task.
Handling/Grasping	F	Performed when loading/unloading washer and dryer, and when folding articles.
Fine Finger Manipulation	N	Not required
Foot Controls/Driving	N	Not required.
Repetitive Motion	O	May be performed when folding bath towels, hand towels, wash clothes, and floor mats.
Talking/Hearing/Seeing	C	Seeing is constantly required, talking and hearing are required to communicate with co-workers.
Vibratory Tasks	N	Not required.
Lifting (1-10) lbs	F	Position requires handling 1-5 lbs. on a Frequent basis, and 6-10 lbs. on an Occasional basis.
Carrying (1-5) lbs	S	Items are rarely carried up to 10 ft. as carts are available.
Pushing/Pulling (5-10) lbs	S	Performed when pushing laundry cart to/from washer/dryer.

Comments/Other: (270 Characters) The position may be modified to allow the worker to utilize a scooter, which would alleviate the need to stand on the injured lower extremity. The employer can also make a stool available for sitting at the folding table.

**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	

Physician Billing codes  
 1038M-Limit one per day  
 1028M-Each additional review, up to five per worker per day

## EMPLOYER'S JOB DESCRIPTION

Job of Injury    
  Reasonably Continuous Modified Job    
  Light Duty/Transitional

Worker	Claim #
Company	Job Title <b>Breakfast Attendant</b>
Phone #	FAX#
Employer Name (Please print)	Hours per day     Phone #
Employer Signature	Title
	Date

**Essential Job Duties:** Individuals employed in this capacity are responsible for maintaining a clean dining environment and providing support to the front end staff. Greets customers as they enter the establishment. May answer miscellaneous questions, such as directing them to the dining area. Clears dining room tables as needed, which may include removing plates, food wrapping, and other debris left at the table. Performs bathroom checks. Wipes down tables, seats, and trays with a damp cloth. Places "wet floor" sign when appropriate. Replenishes and organizes various items at the front counter and in the dining area, such as condiments, sauce cups/lids, utensils, napkins, salt/pepper packets, sweetener packets, straws, and cup lids. A cart is available to minimize lifting or carry of these items and the worker has discretion to collect these items to complete tasks seated at a booth or table. The employer will accommodate as needed.

**Machinery, tools, equipment and personal protective equipment:** Wheeled cart, trays, condiment containers, straws, cup lids, napkins, rags, cleaning solutions, wet floor sign, and other items.

**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	Sits at table to replenish and organize dining room products.
Standing	F	Spot cleaning windows, wiping down counters, tables or seating, and other essential tasks.
Walking	F	About dining area up to 20ft. Intermittent with standing. (A roll about could be utilized.)
Climbing Ladders/Stairs	N	Not required.
Twisting at the waist	N	Not required. Avoided with ample space and proper body mechanics.
Bending/ Stooping	O	Wiping down seating or tables, picking up debris from the floor, or to retrieve stored items.
Squatting/Kneeling	N	Not required but may occur at the worker's discretion in lieu of bending/stooping.
Crawling	N	Not required.
Reaching Out	F	Wipe down windows, tables, or seating, maneuvering wheeled cart, etc. Bilateral and unilateral.
Working above shoulders	S	May occur unilaterally to spot clean a window.
Handling/Grasping	F	While completing essential functions.
Fine Finger Manipulation	O	Occurs while cleaning, restocking, and organizing.
Foot Controls/Driving	N	Not required.
Repetitive Motion	S	Unilateral to spot cleaning windows, wipe down surfaces such as door handles, counters, tables.
Talking/Hearing/Seeing	C	Observing work being completed. Communicating with coworkers, supervisor, or customers.
Vibratory Tasks	N	Not required.
Lifting (Up to 5) lbs	F	Trays, food wrappings, rags, containers, and other items, unilateral.
Carrying (Up to 5) lbs	O	Trays, food wrappings, rags, containers, etc., unilateral. Minimized by using a cart.
Pushing/Pulling (up to 5) lbs	S	Wheeled cart, doors, cleaning activities, and other instances, unilaterally.
Comments/Other: (270 Characters): Modifications to this position recommended by the attending physician will be considered.		

### 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	

**Physician Billing codes**

1038M-Limit one per day

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

**EMPLOYER'S JOB DESCRIPTION**

Job of Injury     Reasonably Continuous Modified Job     Light Duty/Transitional

Worker		Claim #	
Company		Job Title <b>PDX/Telephone Operator</b>	
Phone #	FAX#	Hours per day	Phone #
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties:** Operate the hotel switchboard in an efficient, courteous, and professional manner to provide quality operations which maximizes guest satisfaction. Answer incoming calls promptly in the prescribed manner and accepts charges on incoming collect calls or any calls not received by teletype machine. Answer all hot line calls and follows through in resolving guest problems and/or requests courteously and accurately. Process and file check-in and check-out slips in a timely, efficient manner. Prepare wake-up sheets/sets wake-up clock; records the guest's name and room number under the wake-up time requested and repeats the information back to the guest to ensure proper handling of wake-up calls in the morning. Sort and processes guest related mail in a quality manner in accordance with established procedures. Maintain the fax machine, sorts and receives guest faxes and processes appropriate charges to ensure revenues are collected and guests are satisfied. Handle all emergencies according to established procedures. Explain and demonstrate TDD Operations for guests. Monitor and maintain internal keys and logs in compliance with key control procedures.

**Machinery, tools, equipment and personal protective equipment:** Multi line telephone system; head set, check-in/check-out slips, wake-up sheets/wake-up clock, general office equipment such as computer and fax machine, internal keys and logs.

**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	Sits at work station to perform essential functions. Can change position as needed.
Standing	O	Operating office equipment, alternating standing/sitting as needed, and other instances.
Walking	S	To move about the work area as needed in the course of essential functions.
Climbing Ladders/Stairs	N	Not required.
Twisting at the waist	N	Not required.
Bending/ Stoopng	N	Not required.
Squatting/Kneeling	N	Not required.
Crawling	N	Not required.
Reaching Out	S	Work is performed within natural body posturing but worker may reach for items unilaterally.
Working above shoulders	N	Not required.
Handling/Grasping	F	Unilateral and bilateral. Multiline telephone system, paperwork, etc. No forceful grasping.
Fine Finger Manipulation	O	Unilateral and bilateral. Writing utensils, office equipment, and other instances.
Foot Controls/Driving	N	Not required.
Repetitive Motion	N	Not required.
Talking/Hearing/Seeing	C	Communication for incoming calls, guests, or coworkers, Near acuity and Accommodation.
Vibratory Tasks	N	Not required.
Lifting (Up to 2) lbs	S	Paperwork, logs, headset, internal keys, and other items.
Carrying (Up to 2) lbs	S	Paperwork, logs, headset, internal keys, and other items.
Pushing/Pulling (Up to 5) lbs	S	May occur in miscellaneous instances, such as opening a door or drawer.
Comments/Other: (270 Characters): Worker has considerable discretion to sit and stand as needed.		

**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	

**Physician Billing codes**

1038M-Limit one per day

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

**EMPLOYER'S JOB DESCRIPTION**
 Job of Injury     Reasonably Continuous Modified Job     Light Duty/Transitional

Worker	Claim #
Company	Job Title <b>Room Attendant</b>
Phone #	FAX#
Hours per day	Phone #
Employer Name (Please print)	Title
Employer Signature	Date

**Essential Job Duties:** Clean hotel rooms after the stay of guests. Conduct cleaning activities including: vacuuming, mopping, washing windows and mirrors, stripping bends of linens, stripping duvet covers from comforters, changing pillow cases, restocking the room with supplies provided by hotel including towels, shampoos, conditioner, coffee cups, and related utensils. Also responsible for the removal of garbage from hotel rooms as well as picking up miscellaneous debris left behind by guests. Responsibilities include restocking housekeeping caddies and refilling bottles of cleaning solution according to guidelines. Inventory is also taken and any damage and/or missing supplies are reported to appropriate personnel.

**Machinery, tools, equipment and personal protective equipment:** Brooms, mops, vacuum cleaners, cleaning utensils and agents, paper towels, bed linens, duvet covers, towels, and light items that need to be restocked.

**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	May sit while cleaning certain areas or while on scheduled breaks.
Standing	O	Dusting, wiping surfaces, washing windows/mirrors, restocking products, cleaning areas, communicating with coworkers and guests.
Walking	O	Accessing facility and multiple rooms.
Climbing Ladders/Stairs	N	Not required.
Twisting at the waist	S	Cleaning counters, windows/mirrors, and other areas.
Bending/ Stooping	F	While dusting, making beds, wiping surfaces, cleaning toilet area, removing trash.
Squatting/Kneeling	S	Cleaning lower cabinets, around toilet, baseboards.
Crawling	N	Not required.
Reaching Out	S	Work is performed within natural body posturing but worker may reach for items unilaterally.
Working above shoulders	N	Not required.
Handling/Grasping	F	Cleaning towels, scrub brushes, linens, cleaning agents, broom, mop, vacuum, paper towels, light garbage – unilateral.
Fine Finger Manipulation	S	Unilateral and bilateral. Polishing and performing detailed cleaning.
Foot Controls/Driving	S	Operating vacuum
Repetitive Motion	S	While washing windows, mirrors, and doors.
Talking/Hearing/Seeing	O	Communication for incoming calls, guests, or coworkers, Near acuity and Accommodation.
Vibratory Tasks	S	While operating the vacuum.
Lifting (Up to 10) lbs	F	Frequent up to 5 lbs.; Occasional up to 10 lbs. – soaps, cleaning supplies, linens, trash
Carrying (Up to 10) lbs	F	Frequent up to 5 lbs.; Occasional up to 10 lbs. – soaps, cleaning supplies, linens, trash
Pushing/Pulling (Up to 5) lbs	S	Opening a door or drawer, sweeping, mopping, vacuuming
Comments/Other: (270 Characters): Worker has considerable discretion to sit and stand as needed.		

**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	

Physician Billing codes  
 1038M-Limit one per day  
 1028M-Each additional review, up to five per worker per day

## EMPLOYER'S JOB DESCRIPTION

Job of Injury     Reasonably Continuous Modified Job     Light Duty/Transitional

Worker		Claim #	
Company		Job Title <b>Concierge</b>	
Phone #	FAX#	Hours per day	Days per week
Employer Name (Please print)		Title	
Employer Signature			Date

### Essential Job Duties

Assist customers inquiring about lodging establishment, amenities, local businesses, restaurants, and activities. Arrange for dinner reservations if requested. Arrange for transportation, if requested. Answer telephone inquiries regarding lodging establishment.

### Machinery, tools, equipment and personal protective equipment

Telephone, computer monitor, keyboard, mouse, writing utensil, uniform.

### 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	The worker may sit at a desk to research information, answer and make phone calls. The worker has discretion to sit or stand.
Standing	O	The worker may stand to assist customers, especially when communicating directions.
Walking	S	The worker may escort lodging guests to specific areas within the establishment.
Climbing Ladders/Stairs	N	Not required – elevators are available.
Twisting at the waist	N	Not required.
Bending/ Stoopng	N	Not required.
Squatting/Kneeling	N	Not required.
Crawling	N	Not required.
Reaching Out	S	The employee may hand brochures and paperwork to the guest..
Working above shoulders	N	Not required.
Handling/Grasping	F	Not forceful – Operating computer mouse, answering telephone, handling paperwork.
Fine Finger Manipulation	O	Performed when researching information.
Foot Controls/Driving	N	Not required.
Repetitive Motion	N	Not required.
Talking/Hearing/Seeing	C	Required to communicate with guests.
Vibratory Tasks	N	Not required.
Lifting (2) lbs	O	Paperwork, telephone handset
Carrying (0) lbs	N	Not required.
Pushing/Pulling (0) lbs	N	Not required.

Comments/Other: (270 Characters) The position exists to provide information to the guest(s). The knowledge and information of the hotel and surrounding areas and customer service are the most important essential functions of this position. The physical demands are minimal.

### FOR HEALTH PROVIDER'S USE ONLY

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

Provider Signature	Provider Name (Please print)	Date
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Physician Billing codes  
 1038M-Limit one per day  
 1028M-Each additional review, up to five per worker per day

## EMPLOYER'S JOB DESCRIPTION

Job of Injury     Reasonably Continuous Modified Job     Light Duty/Transitional

Worker		Claim #	
Company		Job Title <b>Front Desk Assistant</b>	
Phone #	FAX#	Hours per day	Days per week
Employer Name (Please print)		Title	
Employer Signature			Date

### Essential Job Duties

Assist customers inquiring about lodging establishment, check-in/check-out procedures, amenities, local businesses, restaurants, and activities. Arrange for dinner reservations if requested. Arrange for transportation, if requested. Answer telephone inquiries regarding lodging establishment. Address requests for upgrades. Process payments. Schedule wake-up calls.

### Machinery, tools, equipment and personal protective equipment

Telephone, computer monitor, keyboard, mouse, writing utensil, paperwork, cash register, credit machine, uniform.

### 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	A stool may be made available if necessary to assist customers at the front counter.
Standing	F	Assist customer at the front counter to process registrations, process payments, and answer questions.
Walking	S	The worker may escort lodging guests to specific areas within the establishment.
Climbing Ladders/Stairs	N	Not required – elevators are available.
Twisting at the waist	N	Not required.
Bending/ Stooing	N	Not required.
Squatting/Kneeling	N	Not required.
Crawling	N	Not required.
Reaching Out	S	The employee may hand brochures and paperwork to the guest..
Working above shoulders	N	Not required.
Handling/Grasping	F	Not forceful – Operating computer mouse, answering telephone, handling paperwork, operating office equipment, handling stapler.
Fine Finger Manipulation	F	Performed when researching information, and processing registrations.
Foot Controls/Driving	N	Not required.
Repetitive Motion	N	Not required.
Talking/Hearing/Seeing	C	Required to communicate with guests, and view computer screen.
Vibratory Tasks	N	Not required.
Lifting (2) lbs	O	Paperwork, telephone handset
Carrying (0) lbs	N	Not required.
Pushing/Pulling (0) lbs	N	Not required.
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	

**Physician Billing codes**

1038M-Limit one per day

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

**EMPLOYER'S JOB DESCRIPTION**

Job of Injury     Reasonably Continuous Modified Job     Light duty/Transitional

Worker		Claim #	
Company		Job Title <b>Maintenance Attendant</b>	
Phone #	FAX#	Hours per day:	Days per week:
Employer Name (Please print)		Title	
Employer Signature			Date

**Essential Job Duties:** Meets with maintenance or general manager to prioritize outstanding work orders, identify necessary room turns, and discuss completion time frames. Gathers work orders and establishes priority. Assists in completing room turns, if appropriate. This may include patching walls, touch up painting, and general cleaning of a vacant unit. Waters potted plants on a daily basis. Inventories supplies, orders supplies as needed, interacts with vendors, and codes all maintenance invoices. Assists in completing basic work addressing plumbing requests and coordinating assistance as needed. Assists housekeeping in case of need for unplanned housekeeping events. Updates safety data sheets. Walks through work areas to identify safety concerns and reports them to the safety committee.

**Machinery, tools, equipment and personal protective equipment:** Paint cans, paint brush, paint roller, extension wand, roller pans, light bulbs, ladder, writing utensils, telephone, general hand tools, cleaning supplies, and other related items.

**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	Ordering supplies, completing paperwork, telephone calls, and other instances.
Standing	F	Occurs to complete essential functions described above.
Walking	F	To move about the facility as needed with intermittent standing.
Climbing Ladders/Stairs	S	Utilizes a ladder to change a light bulb or other tasks. Assistance from coworkers is available.
Twisting at the waist	S	While performing essential tasks. Can typically be avoided with proper body mechanics.
Bending/ Stooping	O	Patching walls, touch up painting, and other instances to complete room turns or work orders.
Squatting/Kneeling	O	Patching walls, touch up painting, and other instances to complete room turns or work orders.
Crawling	S	May occur for brief periods while completing work orders or room turns.
Reaching Out	F	Bilaterally and unilaterally, such as painting, patching, cleaning, and other instances.
Working above shoulders	O	Bilaterally and unilaterally, such as painting, patching, cleaning, changing light bulbs, etc.
Handling/Grasping	F	Bilaterally and unilaterally, such as painting, patching, cleaning, and other instances.
Fine Finger Manipulation	O	Using telephone, writing, completing work orders and other instances.
Foot Controls/Driving	S	May drive vehicle to obtain light supplies as needed.
Repetitive Motion	O	Occurs in brief intervals, such as while painting or completing patches.
Talking/Hearing/Seeing	C	Communicates with coworkers, supervisor, or residents. Must see tasks being performed.
Vibratory Tasks	N	Not required.
Lifting (10) lbs	F	Paint brush, cleaning supplies, light bulbs, hand tools, etc. May occur up to 20lbs seldom.
Carrying (10) lbs	F	Paint brush, cleaning supplies, light bulbs, hand tools, etc. May occur up to 20lbs seldom.
Pushing/Pulling (10) lbs	O	Doors, drawers, or cabinets. Completing work orders, etc. May occur up to 20lbs seldom.

Comments/Other: (270 Characters) **Modifications will be considered per an attending medical provider's recommendations.**

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

**Physician Billing codes**

1038M-Limit one per day

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

**EMPLOYER'S JOB DESCRIPTION**
 Job of Injury     Reasonably Continuous Modified Job     Light Duty/Transitional

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

**Essential Job Duties****Machinery, tools, equipment and personal protective equipment****Frequency Guidelines****O:** Occasional (11-33% of the time)**N:** Never (not at all)**F:** Frequent (34%-66% of the time)**S:** Seldom (1-10% of the time)**C:** Constant (67%-100% of the time)

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



# Notes

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## **Education Foundation Training Programs**

ServSafe Alcohol

ServSafe Manager

Hospitality Workplace Safety Training

ServSafe Allergen

ProStart School-to-Career Program

First Aid/CPR/AED

Bloodborne Pathogens Training

Hazardous Communication

Incipient Fire Fighting