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Funding and support for this project has been provided by the State of Washington, Department of Labor & Industries, Safety & Health Investment Projects



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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-ofthe-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.



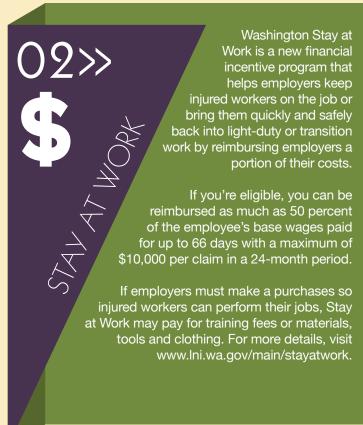




Return-to-Work and Stay At Work

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





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) and its RETRO program

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

IT'S ALWAYS A GOOD POLICY TO



AFTER AN INJURY

	rs must report to L&I the death or inpatient zation 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.	04	Ask your employee to return after seeing the medical provider to discuss return to work solutions.		
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.	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.		
03	Submit your portion of the Report of Accident form to Workers' Comp. Administrator or L&I.	06	Monitor the claim via www.ClaimInfo.Lni. wa.gov to obtain information about the injured employee's diagnosis, prognosis for recovery, and work restrictions.		

continued on next page

How Does Return-to-Work Work?

AFTER AN INJURY

./	/ \ /	1 11	100	N /
07	Review the Activity Prescription Form (APF) competed by the employee's health-care provider.	1	5	Let the health care provider know how soon you need approval.
08	Contact Workers' Comp. Administrator or L&I to request a new APF, if you need updated information about your employee's physical capabilities.	1	6	The health care provider must approve the job description before your employee begins these duties.
09	Utilize the existing light duty job descriptions located in the appendix section, or create your own using the form provided.	1	7	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
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.	1	8	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
11	Include possible accommodations in the job description.			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
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.	1	9	If you cannot modify your employee's regular job, think about placing your employee in an alternative job during recovery.
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.	2	0	Talk with your employee's healthcare provider if you or your employee have any significant questions about, or issues with the restrictions.
14	Having your employee sign off on job description protects you and allows you to apply for Stay at Work reimbursement.	2	1	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

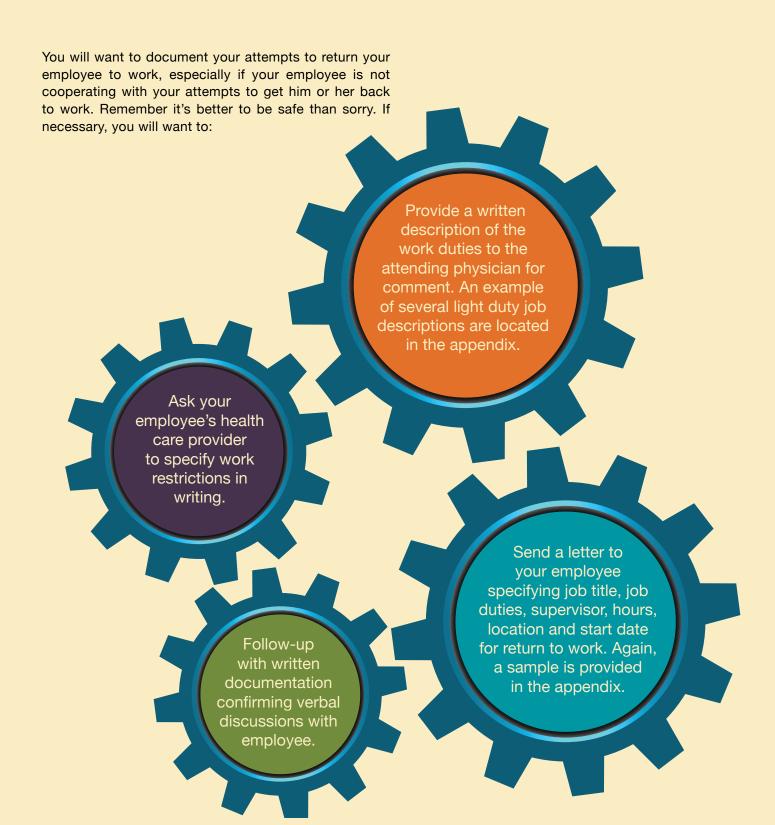
Notify Your Workers' Comp Administrator or

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?



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

02



03



04



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

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.

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

Appendices

RCW 51.32.090 (4) (B)

SAMPLE JOB OFFER LETTER

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:



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



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 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



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



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?

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



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 OFFERI DECLINE THIS OFFER (m	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 t	o five pe	r worker per d	lay					
Job of Inju	☐ Job of Injury ☐ Reasonably Continuous Modified Job ☐ Light Duty/Transitional							
Worker	_			Claim #				
Company				Job T	itle	Dining	Room	Attendant
Phone #		FAX#			s per day			Days per week
Employer Name (Please print	. <u>) </u>	11111		Title		у		Duyo per week
Employer Signature	,			1.,,,				Date
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. S: Seldom (1-10% of the time)								
O: Occasional (11-33% of the	e time)		ient (34%-66% c	of the t				%-100% of the time)
Physical Demands	Frequ		.0110 (0 1/1 0 0 / 1					characters)
Sitting	0		e or booth to reple				1	/
Standing	F							g, and other essential tasks.
Walking	F							20ft. Intermittent with standing.
Climbing Ladders/Stairs	N	Not require	ed.					
Twisting at the waist	N	Not require	ed. Avoided with	ample	space and	l proper bo	dy mech	nanics.
Bending/ Stooping	О							, or to retrieve stored items.
Squatting/Kneeling	N							bending/stooping.
Crawling	N	Not require						
Reaching Out	F	Wipe down	windows, tables,	, or seat	ing, mane	euvering w	vheeled o	cart, etc. Bilateral and unilateral.
Working above shoulders	S		unilaterally to spo			W.		
Handling/Grasping	F		pleting essential f				_	
Fine Finger Manipulation	О		ile cleaning, resto	cking, a	ınd organ	izing.		
Foot Controls/Driving	N	Not require	ed.					
Repetitive Motion	S							as door handles, counters, tables.
Talking/Hearing/Seeing	C			leted. (Communi	cating wit	h cowor	kers, supervisor, or customers.
Vibratory Tasks	N	Not require						
Lifting (Up to 5) lbs	F	•	l wrappings, rags,					
Carrying (Up to 5) lbs	О		11 0 / 0 /					ized by using a cart.
Pushing/Pulling (up to 5) lbs	S		art, doors, cleaning					
Comments/Other: (270 Characters): Modifications to this position recommended by the attending physician will be considered.								
		FOR H	EALTH PROV	IDER'	S USE (ONLY		
Provider Approval	es 🗌 N		ırs per day		Days pe			Effective date
If no, please provide objective medical documentation to support your decision.								
Provider Signature			Provi	ider Na	me (Plea	ase print)		Date

Physician Billing codes 1038M-Limit one per day

1028M-Each additional review, up to five per worker per day								
☐ Job of Ini	Job of Injury Reasonably Continuous Modified Job Light Duty/Transitional							
Worker	<i> y</i>	The state of the s	Claim #					
Company			Job Title Host/Hostess					
Phone #		FAX#	Hours per day	Days per week				
Employer Name (Please print	+)	ΙΑΑπ	Title	Days per week				
<u> </u>	.)		Title					
Employer Signature				Date				
Essential Job Duties: Individ	duals en	nployed in this canacity are res	sponsible for greeting guest, escor	ting them to their table and				
			tifies an available table to accomm					
			it menus. Ensures tables are prop					
			g chart. Answers phone according					
			clean service podium. Restock sı					
			t side-work as assigned, such as g	enerally cleaning, organizing, or				
restocking. Reports guest comm				and the second of the second				
			nent: Telephone, seating chart, r	eservation log, writing utensil,				
computerized POS system, men	us, ciear		<u> </u>	20/ 24				
Frequency Guidelines		N: Never (not at all)	*	0% of the time)				
O: Occasional (11-33% of the		1 \	/	7%-100% of the time)				
Physical Demands		uency	Description of Task (80	/				
Sitting	F		to allow alternative sitting and sta	•				
Standing	0		ng with customers, maintaining se					
Walking	0		ng service station, cleaning, and o	ther side work. Up to 25ft				
Climbing Ladders/Stairs	N	Not required.						
Twisting at the waist	N		ample space and proper body me	chanics.				
Bending/Stooping	S N	May occur to pick fallen iten		fhonding/stooning				
Squatting/Kneeling Crawling	N	Not required.	at the worker's discretion in lieu of	or bending/stooping.				
Reaching Out	0		intaining service station, answerin	ng nhone etc. unilateral				
Working above shoulders	N	Not required	intuming service station, answern	ing phone, etc., unnateral.				
Handling/Grasping	0		rags, and other items, unilateral.					
Fine Finger Manipulation	O		buttons, data entry, and other inst	tances, unilateral.				
Foot Controls/Driving	N	Not required.	2					
Repetitive Motion	N	Not required.						
Talking/Hearing/Seeing	C	While performing essential t	asks and communicating with gue	ests, staff, supervisor and others.				
Vibratory Tasks	N	Not required.						
Lifting (Up to 2) lbs	О	Menus, cleaning agents, rags	s, telephone receiver, light service	items, etc., unilateral.				
Carrying (Up to 2) lbs	О	Menus, cleaning agents, rags	s, telephone receiver, light service	items, etc., unilateral.				
Pushing/Pulling (UP to 5) lbs	S	May occur to open a door or						
Comments/Other: (270 Characte	ers): M	odifications to this position red	commended by the attending phys	sician will be considered.				
FOR HEALTH PROVIDER'S USE ONLY								
Provider Approval Ye	es 🔲 1	No Hours per day	Days per week	Effective date				
If no, please provide objective medical documentation to support your decision.								
-, p-121 p10 /140 00j0001		and the support	. y 					
Provider Signature		Provi	ider Name (Please print)	Date				
110 videi bigilatuie		11001	idei italiie (i lease priiit)	Duic				

Job of Inju	ury	Reasonably Continuous	Modified Job Light I	Duty/Transitional		
Worker			Claim #			
Company			Job Title Side Worker/Restroom Monitor			
Phone #		FAX#	Hours per day Days per week			
Employer Name (Please print	t)	TTTT	Title	Days per week		
	.)		Title	Data		
Employer Signature				Date		
Essential Job Duties: The work	zer may	nerform side work such as rol	ling nankins cleaning menus fi	illing condiment containers		
				so checks the restrooms at the top of		
				replace toilet paper, hand towels,		
and call for someone to remove		7 10 10 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1	18 10 11000001, 1111	replace vonet papers,		
Machinery, tools, equipment a menus, bar towels, plastic bins. (indiment containers, paper products, loyees.)		
Frequency Guidelines	<u>-</u>	N: Never (not at all)	S: Seldom (1-	10% of the time)		
O: Occasional (11-33% of the ti	me)	F: Frequent (34%-66% of	,	67%-100% of the time)		
Physical Demands	Frequ	•	Description of Task (8			
Sitting	F		de work from a seated or standing	ng position, and has discretion.		
Standing	S	Not required. See notes unde	er 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	0		or approximately two or three so	econds at a time to access and		
Working above shoulders	N	Not required.				
Handling/Grasping	С		paper products, coffee pots, co	ondiments, bar towels, etc.		
Fine Finger Manipulation	О		napkins, and remove adhesive f			
Foot Controls/Driving	N	Not required.				
Repetitive Motion	F	Performed when rolling silv	erware. This equates to approximate	mately 65% of the work performed.		
Talking/Hearing/Seeing	N		lking, hearing, or even seeing, a	and could be performed by touch;		
Vibratory Tasks	N	Not required.	usk casici.			
		*	ilverware from bin, and placing	g the silverware/napkin rolls in the		
Lifting (2-3) lbs	О	second bin.	11 tot (1 at 2 at	, the birror ware, map 1		
Carrying (0) lbs	N	Not required.				
Pushing/Pulling (>2) lbs	F	*	erware. This function requires n	ninimal push/pull force.		
	ers) Thi			The worker may stand and stretch		
using personal discretion.	•			-		
		FOR HEALTH PROV	TDER'S USE ONLY			
Provider Approval Ye	es 🔲 1		Days per week	Effective date		
**				Effective date		
If no, please provide objective medical documentation to support your decision.						
Provider Signature Provider Name (Please print) Date						

1028M-Each additional review, up	1028NI-Each additional review, up to live per worker per day						
Job of Inju	ıry [Reasonably Continuous		·	Light Du	ty/Transitional	
Worker			Claim #				
Company			Job Titl		t End Ca	T	
Phone #		FAX#	Hours p	er 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,			ment. Cas	311 10513101/1	omit of Suic,	creatif debit macmine, receipt	
Frequency Guidelines		N: Never (not at all)		S: Se	eldom (1-10	0% of the time)	
O: Occasional (11-33% of the	e time)	F: Frequent (34%-66%	of the time	e) C : C	onstant (67	%-100% of the time)	
Physical Demands	Frequ	* `		cription of		,	
Sitting	F	Utilizing a stool while oper					
Standing	О	Operating cash register, acc					
Walking	S	To/from work station to bre			<u> </u>		
Climbing Ladders/Stairs	N	Not required.					
Twisting at the waist	N	Not required. Avoided with	ample space	ce and prope	r body mech	nanics.	
Bending/ Stooping	S	To retrieve items from the f					
Squatting/Kneeling	N	Not required but may occur				bending/stooping.	
Crawling	N	Not required.				5 1 5	
Reaching Out	О	Slight reach to operate cash	register. A	accepting pa	yment, passi	ing change/receipt, unilaterally.	
Working above shoulders	N	Not required.				-	
Handling/Grasping	О	Currency, debit/credit cards	s, receipts, u	inilaterally.	Balancing t	ill, bilaterally to count currency.	
Fine Finger Manipulation	О	Retrieve paper or coin curre	ency from d	rawer, unila	teral. Occur	s bilaterally to count currency.	
Foot Controls/Driving	N	Not required.					
Repetitive Motion	N	Not required.					
Talking/Hearing/Seeing	C		eted. Comm	unicating w	ith customer	rs, coworkers, and supervisor.	
Vibratory Tasks	N	Not required.					
Lifting (Up to 1) lbs	F	Paper and coin US currency	y, debit/cred	lit cards, rec	eipts, and ot	her negligible items, unilateral.	
Carrying (Up to 1) lbs	N	Not required.					
Pushing/Pulling (Up to 1) lbs	О	To close Cash register draw					
Comments/Other: (270 Characters): Modifications to this position recommended by the attending physician will be considered.							
FOR HEALTH PROVIDER'S USE ONLY							
Provider Approval 🔲 Ye	es 🗌 N	No Hours per day	Da	ys per wee	ek	Effective date	
If no, please provide objectiv	If no, please provide objective medical documentation to support your decision.						
Provider Signature		Prov	vider Name	e (Please pr	rint)	Date	

Physician Billing codes 1038M-Limit one per day

1028M-Each additional review, up	o five pe	er worker per day					
☐ Job of Inj	******	Descendby Continuous	~ Modified Joh	□ Light Du	transitional		
Worker	Лу	Reasonably Continuous	Claim #		uty/Transitional		
Company Phane #		FAVII		Tive IIIIu v	•		
Phone #		FAX#	Hours per day		Days per week		
Employer Name (Please print	<u>.) </u>		Title				
Employer Signature					Date		
Essential Job Duties: Individual	duals en	mnloved in this capacity are re-	sponsible for taking	customer food	orders through the drive thru		
intercom system, entering their of		1 1	1 0		•		
at the drive thru window. Greet							
Answers any questions about me							
accuracy, reports total order cos							
window, such as paper or coin n					on into the cash register, runs a		
debit or credit card if necessary,							
Machinery, tools, equipment intercom system with headset, U				er (POS), credi	t/debit terminal, receipt paper,		
<u> </u>	SA pap	• • • • • • • • • • • • • • • • • • • •		Caldom (1 1)	00/ 2541 2 4120)		
Frequency Guidelines O: Occasional (11-33% of the	- tima)	N: Never (not at all)		,	0% of the time) 7%-100% of the time)		
· ·		•			/		
Physical Demands Sitting	Frequ	uency A stool is available to sit/sta		of Task (80 a	characters)		
Standing	0			· interacting	idle onoulcoup		
Standing	S	While operating intercom sy			ig with co-workers.		
Walking	1	To move about the work are	a as needed, typican	ly up to Toft.			
Climbing Ladders/Stairs	N	Not required.					
Twisting at the waist	N	Not required. Avoided with					
Bending/ Stooping	0	Collecting payment, items st	tored below waist, a	nd passing cha	nge/receipt or food items.		
Squatting/Kneeling	N	Not required.					
Crawling	N	Not required.		1 /	• .		
Reaching Out	0	Unilaterally to collect payme	ent, pass food items	or change/rece	:ıpt.		
Working above shoulders	N	Not required.	1'1/1.1.'1 and for	1 1			
Handling/Grasping	0	Unilaterally for currency, cre			Trollatanalla		
Fine Finger Manipulation	O N	Operate cash register, interco	om system, counting	g currency, pun	ling receipts. Unliaterally.		
Foot Controls/Driving Repetitive Motion	N N	Not required. Not required.					
Talking/Hearing/Seeing	C	*	to toleing orders on	d sammuniaati	in a with austamars/staff		
Vibratory Tasks	N	Basic English speaking ability Not required.	ly, takilig orucis, an	la communican	ing with customers/starr.		
•	O	Currency, change, receipts, of	aradit/dahit aarda oo	-dar itama unil	atama11xx		
Lifting (Up to 2) lbs	0						
Carrying (Up to 2) lbs		Currency, change, receipts, o			·		
Pushing/Pulling (Up to 2) lbs	0	Opening/closing drive thru v			· ·		
Comments/Other: (270 Characte	2rs): M(lodifications to this position re-	commended by the	attending physi	ician will be considered.		
		FOR HEALTH PROV	IDER'S USE ON	NLY			
Provider Approval Ye	es 🗌 1	No Hours per day	Days per v	veek	Effective date		
If no, please provide objective medical documentation to support your decision.							
71 1		**	,				
Danidan Cianatana		Duan	idan Nama (Dlassa		Data		
Provider Signature		Prov	rider Name (Please	e print)	Date		

Job of Inju	ury	Reasonably Continuous	Modified Job Light	Duty/Transitional			
Worker			Claim #				
Company			Job Title Telephone Host				
Phone #		FAX#	Hours per day Days per week				
Employer Name (Please print	<u> </u>	111111	Title	Days per ween			
1 1)		Title	Data			
Employer Signature				Date			
Essential Job Duties: Teleph	none Ho	ost – Answer telephone, and	take food orders via telepho	one. Enter order into the			
computer, or hand write a foo		•	•				
Machinery, tools, equipmen							
Telephone, computer ordering	g systen	n, writing utensil, paper, pla	astic bags				
Frequency Guidelines	-	N: Never (not at all)	S: Seldom (1-10% of the time)			
O: Occasional (11-33% of the	e time)	F: Frequent (34%-66% o	`	(67%-100% of the time)			
Physical Demands	Frequ		Description of Task (,			
Sitting	F		sit or stand when answering pl				
Standing	F		sit or stand when answering pl				
_	S			rfaces to access lobby area to assist			
Walking		with the delivery of food orde		-			
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	o order to the customer.				
Working above shoulders	N	Not required.					
Handling/Grasping	F		ne, write food orders, assemble	e and distribute to-go orders.			
Fine Finger Manipulation	О		information into a computer sy				
Foot Controls/Driving	N	Not required.					
Repetitive Motion	N	Not required.					
Talking/Hearing/Seeing	С	1	ired to communicate with custo	omers and co-workers.			
Vibratory Tasks	N	Not required.					
Lifting (1-10) lbs*	О	The worker may assemble an	d deliver to-go orders.				
Carrying (1-10) lbs*	О	The worker may assemble an					
Pushing/Pulling (0) lbs	N	Not required.	<u></u>				
			be delegated to another emplo	oyee, thus minimizing lift/carry to			
		FOR HEALTH PROVI	IDER'S LISE ONLY				
Duanidan Annuaral Va				Esserting data			
Provider Approval Ye		No Hours per day	Days per week	Effective date			
If no, please provide objective	e medic	al documentation to suppor	t your decision.				
Provider Signature		Provi	der Name (Please print)	Date			

Job of Inju	ıry	Reasonably Continuous	Modified Job	Light Du	nty/Transitional		
Worker			Claim #				
Company				ır Assistan	t		
Phone #		FAX#	Hours per day	. , , , , , , , , , , , , , , , , , , ,	Days per week		
Employer Name (Please print	+)	11220	Title		Days per week		
, ,	.)		Titic		I p		
Employer Signature					Date		
Essential Job Duties: Bar As	ccictant	_ The worker may prepare	drink mives to in	clude inices I	Bloody Mary mix, cut fruit		
wipe down liquor and wine b							
and/or soda machine trays.	ouics, j	bonishing glassware, cleaning	g sherves, cleanin	ig soda iliacili	ne attachments, creaming bar		
·	4 and -	angonal protective equipp					
Machinery, tools, equipmen				al a4la lal aa ala .			
	ontaine	rs, bar towers, poilsning tov	veis, polish, dust o	cioth, bleach (or sanitizing detergent, cutting		
board		N. N. (, , , 11)		0.11 (1.1)	00/ 6/1 /:)		
Frequency Guidelines		N: Never (not at all)		,	0% of the time)		
O: Occasional (11-33% of the		1 \			7%-100% of the time)		
Physical Demands		uency		of Task (80			
Sitting	О	The worker may sit when po					
Standing	F	Juice and food prep, as well position.	as many of the clea	ining tasks are j	performed from a standing		
Walking	О	The worker may walk within	the bar area to acc	ess various iter	ns.		
Climbing Ladders/Stairs	N	Not required.					
Twisting at the waist	N	Not required.					
Bending/ Stooping	S	Performed to access items lo	cated in cold storag	e under the bar	r		
Squatting/Kneeling	N	Not required.	carea in cora storag	50 under the our			
Crawling	N	Not required.					
Reaching Out	S		nd installing soda n	nachine diffuse	ers, and when operating juicer.		
Working above shoulders	S	Required when using manua					
Handling/Grasping	O	Performed when handling kr					
Fine Finger Manipulation	0	Performed when cleaning so					
Foot Controls/Driving	N	Not required.		,	5.0		
Repetitive Motion	N	Not required.					
Talking/Hearing/Seeing	С				ers and co-workers, and work		
Vibratory Tasks	N	Not required.	1 2				
Lifting (3-4, up to 10) lbs	О	Performed to access food ite	ms, fruits, and cont	ainers for garni	ishments, and mixes		
Carrying (3-4, up to 10) lbs	O	Performed to access food ite					
Pushing/Pulling (Up to 10) lbs	S	May be required to operate n		minero roi Barri			
Comments/Other: (270 Characte		Way be required to operate in	nanuai juicci				
Comments/Other. (270 Characte	<i>ers)</i>						
	FOR HEALTH PROVIDER'S USE ONLY						
Provider Approval Y	es 🔲]	No Hours per day	Days per v	week	Effective date		
If no, please provide objective	e medio	cal documentation to suppor	t your decision.				
-	,1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
Provider Signature		Provi	ider Name (Please	nrint)	Date		
1 TOVIDET SIGNATUIC		F10V1	idei ivaine (i ieast	print)	Date		

☐ Job of Injury ☐ Reasonably Continuous Modified Job ☐ Light Duty/Transitional							
Worker			Claim #				
Company				ntification	Checker		
Phone #		FAX#	Hours per day	Days per week			
Employer Name (Please print	<u></u>	111111	Title		Buys per week		
* * * * * * *)		11010		Data		
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		N: Never (not at all)	S: 5	Seldom (1-10%	% of the time)		
O: Occasional (11-33% of the times)	me)	F: Frequent (34%-66% of t			6-100% of the time)		
Physical Demands	Frequ	* '		of Task (80 c	/		
Sitting	О	Checking identification, stam change.					
Standing	F	Checking identification, stam change.	nping wrists, or appl	ying wrist band	d, accepting monies, making		
Walking	S	Accessing other areas of the	establishment include	ding restroom,	break room, management office		
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	Accessing cash box, supplies	s, etc.				
Working above shoulders	N	Not required.					
Handling/Grasping	C	Identification, flashlight, mor	nies – Grasp is not fe	orceful.			
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, identific	cations				
Carrying (1-5) lbs	S	Cash box, flashlight		¯ <u></u>			
Pushing/Pulling (0) lbs	N	Not required.					
Comments/Other: (270 Characte	ers)						
		FOR HEALTH PROV	IDER'S USE ON	LY			
Provider Approval	es 🗌 N	No Hours per day	Days per w		Effective date		
If no, please provide objective	e medic	al documentation to suppor	t your decision.				
Provider Signature		Provi	ider Name (Please	print)	Date		

Job of Inju	ıry	Reasonably Continuous	Modified Job	Light Du	ty/Transitional	
Worker			Claim #			
Company			Job Title Detailer			
Phone #		FAX#	Hours per day		Days per week	
Employer Name (Please print	+)	1 1 1 1 1 1 1 1	Title		Buys per week	
	·)		Title		Data	
Employer Signature Date					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		• •			%-100% of the time)	
Physical Demands	Frequ		Description	of Task (80 c	characters)	
Sitting	S F	Occurs for breaks.	agamtial tagles			
Standing Walking	F	Required while performing essential tasks.				
		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	0	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.	1.1.1.70.11	71 / 11 /1	11.4.11.4	
Reaching Out	F			uniiaterai but t	pilateral instances may occur.	
Working above shoulders	S F	To access areas above should Rags, cleaning solutions, ran		and atheritans	a unilatoral and hilatoral	
Handling/Grasping Fine Finger Manipulation	О	Spray bottles, cleaning, and			s, ullilateral allu bilateral.	
Foot Controls/Driving	N	Not required.	other mstances, unit	aterar.		
Repetitive Motion	S	Wiping down surfaces, swee	ning/monning and o	other instances	unilateral and hilateral	
Talking/Hearing/Seeing	C	While completing essential t				
Vibratory Tasks	N	Not required.	asks and communice	iting with cow	orkers, supervisor, or guests.	
Lifting (Up to 5) lbs	F	Cleaning supplies, debris fro	m floor/ground and	other items		
Carrying (Up to 5) lbs	0	Cleaning supplies, debris fro				
	-	i			stances unileteral and hileteral	
Pushing/Pulling (Up to 5) lbs	S	•	-		stances, unilateral and bilateral.	
Comments/Other: (270 Characters): Modifications of this position will be considered if recommended by an attending physician.						
		EOD WELV TWO DE COM	The Pic You Co	* * 7		
		FOR HEALTH PROV	IDER'S USE ON	LY		
**		No Hours per day	Days per w	eek	Effective date	
If no, please provide objective	e medio	cal documentation to suppor	t your decision.			
Provider Signature		Provi	ider Name (Please	print)	Date	

Physician Billing codes
1038M-Limit one per day
1028M-Each additional revie

1028M-Each additional review, up to	to five pe	r worker per day				
☐ Job of Injury ☐ Reasonably Continuous Modified Job ☐ Light Duty/Transitional						
Worker			Claim #			
Company			Job Title Kitchen Assistant			
Phone #		FAX#	Hours per da		Days per week	
Employer Name (Please print		11121	Title	ıy	Days per week	
` ` `	<i>.</i>		11		Data	
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	Frequ	1 \		tion of Task (80	,	
Sitting	S	Occurs for breaks. See Com		,		
Standing	F	Portioning, preparing food ite		shes, inventorying	freight deliveries.	
Walking	0	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				
Twisting at the waist	S	May occur within the confine			der out of reach.	
Bending/ Stooping	S	Access items stored below w		eas,.		
Squatting/Kneeling	N	Not required but may occur in		ng/stooning		
Crawling Crawling	N	Not required.	Il lieu oi ochan	ng/stooping.		
Reaching Out	O	To reach across table or coun	stor on needed to	a camplete eccenti	al tagles	
Working above shoulders	S	May occur unilaterally to obt				
•	F	Using knife, portioning items				
Handling/Grasping Fine Finger Manipulation		U /I U	, , ,		Ü	
Fine Finger Manipulation	O N	Sorting dishes, preparing foo Not required.	d items, seami	g storage container	s, and other instances.	
Foot Controls/Driving			1:im	-1in- unilatana	1	
Repetitive Motion	O C	Negligible force while chopp				
Talking/Hearing/Seeing		Communicates with coworke	ers and stail. O	bserves essentiai ta	asks.	
Vibratory Tasks	N	Not required.	••			
Lifting (Up to 5 lbs	O				l items, knives, etc., unilateral.	
Carrying (Up to 5) lbs	О	· ·	- 1 1		l items, knives, etc., unilateral.	
Pushing/Pulling (Up to 5) lbs	S	Maneuvering wheeled cart an	•			
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 PROVI	IDER'S USE	ONLY		
11 —	es 🗌 I	1 0	, ,	er week	Effective date	
If no, please provide objective Provider Signature	e medic		t your decisio		Date	

Job of Inju	ıry	Reasonably Continuous	Modified Job	Light Du	uty/Transitional	
Worker			Claim #			
Company			Job Title Prep Cook			
Phone #		FAX#	Hours per day	op ooo.	Days per week	
Employer Name (Please print	4)	ΓΑΛπ	Title		Days per week	
1 0 1	·)		Title		T	
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: Frequency Description of Task (80 characters) Sitting S Occurs on breaks. See Comments Below. Standing F Standing at work station performing 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	0	Proper positioning in front o	f the worker at anni	roximately wais	st level limits reaching out	
Working above shoulders	N	Not required.	the worker at appr	TOXIIIately was	st level mints readining out.	
Handling/Grasping	F	To complete essential tasks.	Can be completed	unilaterally or	hilaterally	
Fine Finger Manipulation	0	Portioning, cleaning, assemb				
Foot Controls/Driving	N	Not required.				
Repetitive Motion	N	Not required.				
Talking/Hearing/Seeing	С	Observing work being perform	rmed. Communicat	ting with co-wo	orkers and supervisor.	
Vibratory Tasks	N	Not required.		U	•	
Lifting (Up to 5) lbs	F	Individual and portioned foo	d items, food or co	ndiment contain	ners, pans, utensils.	
Carrying (Up to 5) lbs	0	Individual and portioned foo				
Pushing/Pulling (Up to 5) lbs	0	*				
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 PROV	IDER'S USE ON	NLY		
Provider Approval Ye	es 🔲 1	No Hours per day	Days per v		Effective date	
If no, please provide objective	e medio	cal documentation to suppor	t your decision.	,		
Provider Signature		Provi	ider Name (Please	e print)	Date	

Job of Inj	ury	Reasonably Continuous	s Modified Job Light I	Outy/Transitional	
Worker			Claim #		
Company			Job Title Laundry At	tendant	
Phone #		FAX#	Hours per day	Phone #	
		ΙΑΛπ	Title	1 Hone #	
Employer Name (Please print	<i>.</i>)		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 (1-1)	0% of the time)	
O: Occasional (11-33% of the ti	me)	F: Frequent (34%-66% of t		7%-100% of the time)	
Physical Demands	Frequ	uency	Description of Task (80		
Sitting	О	A stool is available for use at			
Standing	О	The worker has discretion to	stand while folding laundry.		
Walking	О	The worker walks between the laundry carts, folding table, the washer, and the dryer.			
Climbing Ladders/Stairs	N	Not required.			
Twisting at the waist	О	The worker may turn trunk while folding articles (not always, but at times), and when removing clothes from carts, washer, and dryer.			
Bending/ Stooping	S	Performed when removing articles from laundry bin.			
Squatting/Kneeling	N	Not required.			
Crawling	N	Not required.			
Reaching Out	F		loading washer and dryer, and wh		
Working above shoulders	S			retion to utilize table for this task.	
Handling/Grasping	F		loading washer and dryer, and wh	nen folding articles.	
Fine Finger Manipulation	N	Not required			
Foot Controls/Driving	N	Not required.			
Repetitive Motion	О		ding bath towels, hand towels, wa		
Talking/Hearing/Seeing	C	Seeing is constantly required workers.	d, talking and hearing are required	d to communicate with co-	
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	o 10 ft. as carts are available.		
Pushing/Pulling (5-10) lbs	S	Performed when pushing lau	undry 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 PROV	IDER'S USE ONLY		
Provider Approval Y	es 🗌		Days per week	Effective date	
If no, please provide objective	e medi	cal documentation to suppor	rt your decision.		
Provider Signature		Provi	ider Name (Please print)	Date	

☐ Job of Inj	ury	Reasonably Continuous	Modified Job Light Du	uty/Transitional		
Worker			Claim #			
Company			Job Title Breakfast Attendant			
Phone #		FAX#	Hours per day Phone #			
Employer Name (Please print	-)	1 1 121/17	Title	Thone #		
` ` `	.)		Title	D.		
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 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	s, wet no	<u> </u>	C. Caldam (1. 1)	00/ of the time)		
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)				,		
O: Occasional (11-33% of the		F: Frequent (34%-66% o	,	,		
Physical Demands	Frequ	•	Description of Task (80	characters)		
Sitting	0	*	organize dining room products.	1 1 2 1 1		
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	О		es, picking up debris from the floo			
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		or seating, maneuvering wheeled	cart, etc. Bilateral and unilateral.		
Working above shoulders	S	May occur unilaterally to spo				
Handling/Grasping	F	While completing essential f				
Fine Finger Manipulation	О	Occurs while cleaning, resto	cking, and organizing.			
Foot Controls/Driving	N	Not required.				
Repetitive Motion	S		indows, wipe down surfaces such			
Talking/Hearing/Seeing	C	Observing work being comp	leted. Communicating with cowo	rkers, supervisor, or customers.		
Vibratory Tasks	N	Not required.				
Lifting (Up to 5) lbs	F	Trays, food wrappings, rags,	containers, and other items, unilat	teral.		
Carrying (Up to 5) lbs	О	Trays, food wrappings, rags,	containers, etc., unilateral. Minin	nized by using a cart.		
Pushing/Pulling (up to 5) lbs	S	Wheeled cart, doors, cleaning	g activities, and other instances, un	nilaterally.		
	ers): Mo		commended by the attending physic	-		
FOR HEALTH PROVIDER'S USE ONLY						
Provider Approval Ye	es 🔲 I	No Hours per day	Days per week	Effective date		
If no, please provide objective medical documentation to support your decision.						
., p						
Provider Signature		Provi	der Name (Please print)	Date		

Physician Billing codes 1038M-Limit one per day

1028M-Each additional review, up to five per worker per day						
Job of Inju	nrv	Reasonably Continuous	s Modified	.Iob	Light Du	ity/Transitional
Worker	<u> </u>		Claim #			
Company			Job Title			
Phone #		FAX#	Hours pe		/ relepite	Phone #
		ΓΑΛ#	Title	i uay		Filone #
Employer Name (Please print	<u>) </u>		111111111111111111111111111111111111111			T
Employer Signature						Date
Essential Inh Duties: Operat	ta tha he	-t-1 awitahbaard in an affician	* * ***********************************	and profes	iomal mann	
Essential Job Duties: Operat which maximizes guest satisfact						
calls or any calls not received by						
requests courteously and accurat						
						and repeats the information back
to the guest to ensure proper han						
accordance with established prod						
ensure revenues are collected and						
demonstrate TDD Operations for						
Machinery, tools, equipmen	t and r	personal protective equipa	ment: Multi	i line teleph	none system;	; head set, check-in/check-out
slips, wake-up sheets/wake-up cl				and fax mad	chine, intern	al keys and logs.
Frequency Guidelines		N: Never (not at all)			,	0% of the time)
O: Occasional (11-33% of the		1 \				%-100% of the time)
Physical Demands	Frequ				Task (80 c	,
Sitting	F	Sits at work station to perfor				•
Standing	О	Operating office equipment,				
Walking	S	To move about the work are	a as needed	in the cour	se of essenti	al functions.
Climbing Ladders/Stairs	N	Not required.				
Twisting at the waist	N	Not required.				
Bending/ Stooping	N	Not required.				
Squatting/Kneeling	N	Not required.				<u> </u>
Crawling	N	Not required.				
Reaching Out	S	*	atural body j	posturing b	ut worker m	ay reach for items unilaterally.
Working above shoulders	N	Not required.				
Handling/Grasping	F	Unilateral and bilateral. Mul				
Fine Finger Manipulation	О	Unilateral and bilateral. Wr	iting utensils	s, office eq	uipment, and	d other instances.
Foot Controls/Driving	N	Not required.				
Repetitive Motion	N	Not required.				
Talking/Hearing/Seeing	C	1	ng calls, gues	sts, or cowo	orkers, Near	acuity and Accommodation.
Vibratory Tasks	N	Not required.				
Lifting (Up to 2) lbs	S	Paperwork, logs, headset, in				
Carrying (Up to 2) lbs	S	Paperwork, logs, headset, in				
Pushing/Pulling (Up to 5) lbs	S	May occur in miscellaneous				or drawer.
Comments/Other: (270 Characte	?rs): W	orker has considerable discret	tion to sit and	d stand as r	needed.	
		FOR HEALTH PROV	<u>'IDER'S U</u>	ISE ONLY	Y	
		No Hours per day		ys per wee	ek	Effective date
If no, please provide objective	e medic	cal documentation to suppor	rt your deci	ision.		
Provider Signature			vider Name	/D1	• • •	D 4
Provider Signature		Prov	/ider Name	(Please nr	'1nf 1	Date

Physician Billing codes 1038M-Limit one per day

1028M-Each additional review, up to five per worker per day						
Job of Inju		Reasonably Continuous	~ Modified Joh	I joht Dr	ıty/Transitional	
Worker	лу і	Keasonadry Commudus	Claim #		ity/TTansitional	
Company			Job Title			
Phone #		FAX#	Hours per day			
Employer Name (Please print	+)	ΓΑΛ#	Title	<u>y</u>	Phone #	
Employer Name (Please print)		111111111111111111111111111111111111111		Date	
Employer Signature					Date	
Essential Job Duties: Clean l						
washing windows and mirrors, st						
room with supplies provided by l removal of garbage from hotel ro						
restocking housekeeping caddies						
damage and/or missing supplies				guidelines. Invent	iory is also taken and any	
Machinery, tools, equipmen				mops, vacuum clea	nners, cleaning utensils and	
agents, paper towels, bed linens,					, , , , , , , , , , , , , , , , , , ,	
Frequency Guidelines		N: Never (not at all)		S: Seldom (1-10	0% of the time)	
O: Occasional (11-33% of the	e time)	F: Frequent (34%-66% of	of the time)	,	7%-100% of the time)	
Physical Demands	Frequ	· ·		ion of Task (80 a		
Sitting	S	May sit while cleaning certain				
Standing	О	Dusting, wiping surfaces, wa	•	mirrors, restocking	g products, cleaning areas,	
_		communicating with coworkers and guests.				
Walking	0	Accessing facility and multiple rooms.				
Climbing Ladders/Stairs	N	Not required.				
Twisting at the waist	S	Cleaning counters, windows				
Bending/ Stooping	F	While dusting, making beds, wiping surfaces, cleaning toilet area, removing trash.				
Squatting/Kneeling	S	Cleaning lower cabinets, aro	ound toilet, baseb	oards.		
Crawling Reaching Out	N S	Not required.	-tural hady nosti			
Working above shoulders	N	Not required.	aturai bouy posti	iring out worker in	nay reach for items unilaterally.	
			hes linens clear	ing agents broom	, mop, vacuum, paper towels,	
Handling/Grasping	F	light garbage – unilateral.	iles, illiens, eleun	illig agents, oroom,	, mop, vacuum, paper towers,	
Fine Finger Manipulation	S	Unilateral and bilateral. Poli	lishing and perfo	rming detailed clea	aning	
Foot Controls/Driving	S	Operating vacuum				
Repetitive Motion	S	While washing windows, mi				
Talking/Hearing/Seeing	О			or coworkers, Near	acuity and Accommodation.	
Vibratory Tasks	S	While operating the vacuum.				
Lifting (Up to 10) lbs	F	Frequent up to 5 lbs.; Occasi		1 '	<u> </u>	
Carrying (Up to 10) lbs	F	Frequent up to 5 lbs.; Occasi			g supplies, linens, trash	
Pushing/Pulling (Up to 5) lbs	S	Opening a door or drawer, sv	1 0 11			
Comments/Other: (270 Characte	ers): Wo	orker has considerable discreti	ion to sit and sta	nd as needed.		
FOR HEALTH PROVIDER'S USE ONLY						
Provider Approval	s 🗌 N	No Hours per day	Days pe	er week	Effective date	
If no, please provide objective	e medic	al documentation to suppor	rt your decision	n.		
			2			
Provider Signature		Prov	vider Name (Ple	ease print)	Date	

☐ Job of Inju	ıry	Reasonably Continuous	Modified Job Light	Duty/Transitional		
Worker			Claim #			
Company			Job Title Concierge			
Phone #		FAX#	Hours per day	Days per week		
Employer Name (Please print	:)		Title	1 3 1		
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 a Telephone, computer monitor, k		, mouse, writing utensil, unifor				
Frequency Guidelines		N: Never (not at all)		-10% of the time)		
O: Occasional (11-33% of the ti		F: Frequent (34%-66% of t		67%-100% of the time)		
Physical Demands	Frequ	·	Description of Task (,		
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/ Stooping	N	Not required.				
Squatting/Kneeling	N	Not required.				
Crawling	N	Not required.				
Reaching Out	S		chures and paperwork to the g	uest		
Working above shoulders	N	Not required.		1 1 11'		
Handling/Grasping	F O	Performed when researching	nputer mouse, answering telep	none, nandling paperwork.		
Fine Finger Manipulation Foot Controls/Driving	N	Not required.	information.			
Repetitive Motion	N	Not required.				
Talking/Hearing/Seeing	C	Required to communicate wi	th guests			
Vibratory Tasks	N	Not required.	in guests.			
Lifting (2) lbs	0	Paperwork, telephone handse	et .			
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 Ye	es 🔲 1	No Hours per day	Days per week	Effective date		
If no, please provide objective	e medio					
Provider Signature Provider Name (Please print) Date						

☐ Job of Inju	ıry	Reasonably Continuous !	Modified Job	Light Duty/Transitional		
Worker			Claim #			
Company				Desk Assistant		
Phone #		FAX#	Hours per day	Days per week		
Employer Name (Please print	t)	112211	Title	Days per week		
Employer Signature			11414	Date		
Employer Signature				Date		
Essential Job Duties	t ladain	a actablishment abook in/abook	z out procedures emeni	tion local businesses restourants and		
				ties, local businesses, restaurants, and . Answer telephone inquiries regarding		
lodging establishment. Address						
Machinery, tools, equipment a						
Telephone, computer monitor, k			work, cash register, cred	lit machine, uniform.		
Frequency Guidelines		N: Never (not at all)		om (1-10% of the time)		
O: Occasional (11-33% of the ti	me)	F: Frequent (34%-66% of the	ne time) C: Con	stant (67%-100% of the time)		
Physical Demands		uency		Cask (80 characters)		
Sitting	S	-	·	customers at the front counter.		
Standing	F	questions.		rations, process payments, and answer		
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/ Stooping	N	Not required.				
Squatting/Kneeling	N	Not required.				
Crawling	N	Not required.				
Reaching Out	S	The employee may hand broc	hures and paperwork to	the guest		
Working above shoulders	N	Not required.				
Handling/Grasping	F	office equipment, handling sta	apler.	g telephone, handling paperwork, operat	ing	
Fine Finger Manipulation	F	Performed when researching	information, and proces	sing registrations.		
Foot Controls/Driving	N	Not required.				
Repetitive Motion	N	Not required.				
Talking/Hearing/Seeing	C	Required to communicate wit	h guests, and view com	puter screen.		
Vibratory Tasks	N	Not required.				
Lifting (2) lbs	0	Paperwork, telephone handse	Į			
Carrying (0) lbs	N	Not required.				
Pushing/Pulling (0) lbs	N	Not required.				
Comments/Other: (270 Charact	ers)					
FOR HEALTH PROVIDER'S USE ONLY						
Provider Approval Ye	es 🗌 🗆	No Hours per day	Days per week	Effective date		
If no, please provide objective medical documentation to support your decision.						
-, p p		and a support	<i>j</i> - 			
Provider Signature		Provid	der Name (Please prin	nt) Date		

Job of Injury Reasonably Continuous Modified Job Light duty/Transitional					
Company Job Title Maintenance Attendant					
Γ Phone π Γ FAX π Γ Hollrs her day. Γ Llays her week.					
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 necess	oru				
room turns, and discuss completion time frames. Gathers work orders and establishes priority. Assists in completing ro					
turns, if appropriate. This may include patching walls, touch up painting, and general cleaning of a vacant unit. Waters	7111				
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 wan	1				
roller pans, light bulbs, ladder, writing utensils, telephone, general hand tools, cleaning supplies, and other related items.	ι,				
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. Welling F To move about the facility or needed with intermittent standing.					
Walking F To move about the facility as needed with intermittent standing.	_				
	Utilizes a ladder to change a light bulb or other tasks. Assistance from coworkers is available.				
	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 order.					
Squatting/Kneeling O Patching walls, touch up painting, and other instances to complete room turns or work order.	rs.				
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 shows shoulders O Bilaterally and unilaterally such as painting, patching, cleaning, abording light hulbs at a significant patching.					
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.					
Handling/GraspingFBilaterally and unilaterally, such as painting, patching, cleaning, and other instances.Fine Finger ManipulationOUsing telephone, writing, completing work orders and other instances.					
Foot Controls/Driving S May drive vehicle to obtain light supplies as needed.					
Repetitive Motion 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.					
Comments/Other. (270 Characters) Wouthcattons will be considered per all attending medical provider's recommendations.					
FOR HEALTH PROVIDER'S USE ONLY					
FOR HEALTH PROVIDER'S USE ONLY Provider Approval Yes No Hours per day Days per week Effective date					
Provider Approval					
Provider Approval					

☐ Job of Inju	ıry 🗌 Reasonab	oly Continuous Mod	ified Job	Light Duty/Transitional		
Worker		Cla	im #			
Company			Title			
Phone #	FAX#		urs per day	Days per week		
Employer Name (Please print		Titl		Days per week		
	<u>) </u>	1 101		D-4-		
Employer Signature				Date		
Essential Job Duties						
Machinery, tools, equipment a	Machinery, tools, equipment and personal protective equipment					
Frequency Guidelines	N: Never (not at all)	S: Seldo	om (1-10% of the time)		
O: Occasional (11-33% of the ti		nt (34%-66% of the tir	ne) C: Cons	stant (67%-100% of the time)		
Physical Demands	Frequency		Description of T	ask (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 Characte	ers)					
	FOR HE	ALTH PROVIDEI	R'S USE ONLY			
Provider Approval Ye		rs 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









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