

Freight Agent Task Requirements

		Activity: None = N Occasionally (1% - 33%) = O Frequently (34% - 66%) = F Constantly (67% - 100%) = C																Lift/ Carry		Push/ Pull	
Duty	Job Description	Standing	Walking	Sitting	Climbing	Balancing	Stooping	Kneeling	Crouching	Crawling	Reaching Overhead	Reaching Forward	Reaching Below Waist	Handling	Finger/Wrist Movement	Using Hand(s)	Using Leg(s)	Weight	Frequency	Weight	Frequency
Administrative Duties	Miscellaneous research- information gathering, research deliveries, etc.	O	O	O	N	N	N	N	N	N	N	O	O	O	O	O	O	< 2 lbs	O	< 2 lbs	O
Administrative Duties	Answer telephones	O	O	O	N	N	N	N	N	N	N	O	N	O	O	O	O	< 2 lbs	O	< 2 lbs	O
Administrative Duties	Complete data entry (as needed)	O	O	C	N	N	N	N	N	N	N	C	N	O	C	C	O	< 2 lbs	O	< 2 lbs	O
Facility Cleaning Duties	Remove trash around facility- (with reacher if needed)	F	F	N	N	N	O	O	O	N	O	O	O	C	O	C	C	< 5 lbs	C	< 5 lbs	F
Facility Cleaning Duties	Clean up break room- throw away trash, newspapers, clean break room refrigerator, discard old items, wipe clean doors to remove fingerprints and dirt	O	F	O	N	N	O	O	O	N	O	O	O	C	C	C	C	< 5 lbs	O	< 5 lbs	O
Facility Cleaning Duties	Organize the Warehouse- straighten boxes of products, keep tables clear of empty boxes, used shipping/packing materials (restrict packaging handled to the weight restrictions specified by the appropriate medical personnel)	F	F	N	N	N	O	O	O	N	O	O	O	O	O	O	F	< 5 lbs	O	< 5 lbs	O
Facility Cleaning Duties	Remove trash (with reacher if needed) outside the facility	F	F	N	N	N	O	O	O	N	N	O	O	C	O	C	C	< 5 lbs	C	< 5 lbs	F
Operational Duties	Send out Comat Orders (paper work only)	O	O	F	N	N	O	N	N	N	N	O	O	O	O	F	O	< 2 lbs	O	< 2 lbs	O
Operational Duties	Operate the forklift	O	O	C	O	N	N	N	N	N	N	C	O	O	O	C	C	< 2 lbs	O	< 2 lbs	O
Operational Duties	Accept and release shipments at counter and process orders in warehouse-(weight limitations can be increased if approved by the appropriate medical personnel)	O	O	O	N	N	O	O	O	N	O	F	O	O	F	F	F	< 10 lbs	O	< 5 lbs	O
Safety Duties	First Aid Kit- inventory/ replenish as needed-(restrict packaging handled to the weight restrictions specified by the appropriate medical personnel)	O	O	O	N	N	N	N	N	N	O	O	O	F	O	F	O	< 5 lbs	O	< 5 lbs	O
Safety Duties	Review Monthly Safety Focus items	O	O	C	N	N	N	N	N	N	O	O	O	O	O	O	O	< 2 lbs	O	< 2 lbs	O
Safety Duties	Inspect/clean up dumpster area- pick up loose trash and put into the dumpster	F	F	N	N	N	O	O	O	N	O	O	O	F	F	F	C	< 10 lbs	F	< 10 lbs	O
Safety Duties	Conduct Safety Compliance Check	F	F	O	N	N	N	N	N	N	N	O	O	O	O	O	F	< 2 lbs	O	< 2 lbs	O

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I have reviewed the proposed OJI RTW job offer documented above and have chosen to (place your initials in the box next to Accept or Decline below):		Physician sign-off may or may not be required depending upon applicable state law.																							
<table border="1"> <tr> <td>Accept</td> <td></td> </tr> <tr> <td>Decline</td> <td></td> </tr> </table>		Accept		Decline		I have reviewed the proposed OJI RTW assignment indicated above and agree that these tasks are within this patient's current physical abilities.																			
Accept																									
Decline																									
Employee		Treating Physician																							
_____ Signature		_____ Signature																							
_____ Employee's Printed Name		_____ Physician's Printed Name																							
_____ Date		_____ Date																							
Leader																									
_____ Signature																									
_____ Leader's Printed Name																									
_____ Date																									