Revised 6.22.16

Operations Task Requirements

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)	Lift/Carry Weight	Lift/Carry Frequency	Push/Pull Weight	Push/Pull Frequency
Administrative Duties	Run station errands- deliver products to areas in need, paperwork, etc,	O	O	O	N	N	N	N	N	N	N	O	O	O	O	O	O	< 5 lbs	O	< 5 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
Administrative Duties	Training assist- create and update training files, run copies of items needed for training, proctor training room if needed	O	O	O	N	N	N	N	N	N	N	O	O	O	O	O	O	< 8 lbs	O	< 8 lbs	O
Administrative Duties	Assist A/B/C Coordinators with duties- either talking to aircraft/pages, updating screens, or assist with bags making connections	O	O	O	N	N	N	N	N	N	N	O	O	O	C	C	O	< 2 lbs	O	< 2 lbs	O
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	Clean around the ice machine - wipe inside and outside as needed	F	F	O	N	N	O	O	O	N	O	O	O	C	C	C	C	< 5 lbs	O	< 5 lbs	O
Operational Duties	Gate Check in duties- (no wheelchair assist or stroller assist or baggage handling) - can be <2 lbs for both lift and push/pull if 5lb reams of paper are not handled	C	F	N	O	N	O	O	N	N	O	O	O	F	F	C	C	< 5 lbs	O	< 5 lbs	O
Operational Duties	Gate Relief positions- for breaks and lunches(no wheelchair assist or stroller assist or baggage handling) - can be <2 lbs for both lift and push/pull if 5lb reams of paper are not handled	C	F	N	O	N	O	O	N	N	O	O	O	F	F	C	C	< 5 lbs	O	< 5 lbs	O
Operational Duties	Escort Unaccompanied Minors (no wheelchair assist or stroller assist or baggage handling)	F	F	O	N	N	O	O	O	N	O	O	O	O	O	O	F	< 2 lbs	O	< 2 lbs	O
Operational Duties	Assist CSA with Customer issues, answer questions, coordinate Specials	F	F	O	N	N	O	O	O	N	O	O	O	O	F	F	F	< 2 lbs	O	< 2 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	PPE (Hearing /replenish supply as needed-(restrict packaging handled to the weight restrictions specified by the appropriate medical personnel)	F	F	O	N	N	N	N	N	N	O	O	O	F	O	F	F	< 5 lbs	O	< 5 lbs	O
Safety Duties	Blood Born Pathogen 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

Activity:
None = N
Occasionaly (1% - 33%) = O
Frequently (34% - 66%) = F
Constantly (67% - 100%) = C

Operations Task Requirements

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)	Lift/Carry Weight	Lift/Carry Frequency	Push/Pull Weight	Push/Pull Frequency
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	ER manuals- inventory, ensure up to date	O	O	O	N	N	N	N	N	N	O	O	O	O	O	O	O	< 5 lbs	O	< 5 lbs	O

Activity:
None = N
Occasionaly (1% - 33%) = O
Frequently (34% - 66%) = F
Constantly (67% - 100%) = C

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):**

Accept	
Decline	

Employee

Signature

Employee's Printed Name

Date

Leader

Signature

Leader's Printed Name

Date

Physician sign-off may or may not be required depending upon applicable state law.

I have reviewed the proposed OJI RTW assignment indicated above and agree that these tasks are within this patient's current physical abilities.

Treating Physician

Signature

Physician's Printed Name

Date