



Bock Consulting



Port of Seattle Fire Department Light-Duty Work Tasks

Worker _____ Claim Number _____

FOR PHYSICIAN'S USE ONLY

The Port of Seattle Fire Department is dedicated to providing meaningful return to work options for injured Firefighters. The following pages contain available light-duty tasks. Please review the tasks, indicate the tasks the worker is capable of performing, and provide your signature below.

General Comments/Restrictions: _____

Weight Training/Work Out Restrictions: Firefighters have access to a gym at work, which includes free weights, weight machines, elliptical trainer, treadmill, stationary bike, and other exercise equipment. Is the worker released to use the gym? Yes No If yes, please specify limitations the worker should follow.

Weight Training Restrictions: _____

Physician's Signature: _____ Date: _____

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Hours of work: from: _____ to _____

Weekly schedule (circle applicable days): Mon Tues Wed Thu Fri Sat Sun

Date light duty begins: _____ Duration of current work plan: _____

Associated work deadlines: _____ Frequency of medical appts: _____

Light Duty Members:

- Will report directly to the Chief of Administration, who will coordinate all tasks and assignments with department divisions and section heads.
- Will be assigned only Department-related tasks/duties and will not use company time to exploit personal endeavors.
- Will obtain and provide written confirmation of all medical appointments, in advance of the scheduled date, while on light duty status.
- Will provide updated Job Analyses from MD after medical evaluations.
- Will keep Chief of Administration apprised of changes in medical status and work-related status.
- Will not be assigned work/tasks in conflict with signed job analysis from physician or that would exacerbate medical condition.
- Will not attend meetings in place of other members without expressed approval of the Fire Chief.
- Will receive clearly defined work parameters from the Chief of Administration, i.e. duties/tasks, breaks, logistics, physical fitness participation, leaving the building, etc.
- Will not be assigned emergency response duties and will not be permitted at emergency scenes/hazard locations without expressed approval by the Fire Chief.
- Will not participate in any type of physical field training without expressed approval by the Fire Chief.

Member's Signature: _____ Date: _____



Worker _____ Claim Number _____

Task: Performing General Station Maintenance/Housekeeping.

Worker released to this task? Yes. No.

If no, please provide the objective medical findings to support inability to perform this job task.

Dusting shelves, sweeping and mopping common areas. Vacuuming. Clean/wipe down physical fitness training equipment.

Comments/Restrictions: _____

Task: Performing General Office Work.

Worker released to this task? Yes. No.

If no, please provide the objective medical findings to support inability to perform this job task.

Work in an office setting. Tasks may include: organizing paperwork, inserting pages into binders, entering data into computer, checking data entered into computer, researching data as requested, and contacting individuals by telephone.

Comments/Restrictions: _____

Task: Performing File Maintenance

Worker released to this task? Yes. No.

If no, please provide the objective medical findings to support inability to perform this job task.

Reviewing hard copy documentation to identify items that need to be saved, and items that can be removed for shredding.

Comments/Restrictions: _____

Task: Completing Physical Inventories of Selected Items

Worker released to this task? Yes. No.

If no, please provide the objective medical findings to support inability to perform this job task.

Develop or update counts of items held in inventory by the Department. Inventory items such as: medical supplies, fire suppression equipment, forms, administrative supplies, and personal protective gear.

Comments/Restrictions: _____



Worker _____ Claim Number _____

Task: Processing Medical Incident Report Forms (“MIRF”)

Worker released to this task? Yes. No.

If no, please provide the objective medical findings to support inability to perform this job task.

Work in an office setting reviewing forms, taking forms apart, entering data into computer, and sending specific forms/pages to other entities.

Comments/Restrictions: _____

Task: Assisting Training Division.

Worker released to this task? Yes. No.

If no, please provide the objective medical findings to support inability to perform this job task.

Work in an office setting, using computer and telephone, processing documents, developing updated training materials, and updating training logs. Researching best practices and other data. Presenting and discussing findings with training personnel. May deliver classes/training.

Comments/Restrictions: _____

Task: Completing Fire Extinguisher Inspections

Worker released to this task? Yes. No.

If no, please provide the objective medical findings to support inability to perform this job task.

Conduct physical inspections of fire extinguishers throughout Port properties, and document completion of inspections per policy. Includes driving/riding in a vehicle, walking, bending neck, and writing.

Comments/Restrictions: _____

Task: Completing Welding/Cutting Inspections and Issuing Permits.

Worker released to this task? Yes. No.

If no, please provide the objective medical findings to support inability to perform this job task.

Receive phone calls related to welding/cutting permits. Conduct site/field inspections to identify potential hazards. Issue permits per policy. Includes driving/riding in a vehicle, walking, bending neck, and writing. Could include climbing ladders, and working at heights.

Comments/Restrictions: _____



Worker _____ Claim Number _____

Task: Assisting Fire Department Mechanic.

Worker released to this task? Yes. No.

If no, please provide the objective medical findings to support inability to perform this job task.

Work with the Department Mechanic to perform routine maintenance or other projects on the vehicles operated by the Department. May include: changing oil and other fluids, performing visual inspections, lubricating chassis as appropriate, changing air filters, replacing fuel filters, replacing spark plugs, and checking the water, foam, and dry chemical levels in the vehicles, all under the supervision of the Mechanic. Includes fine finger manipulation, bending at waist, bending neck, and lifting.

Comments/Restrictions: _____

Task: Recovering of Port of Seattle Equipment from Local Hospitals.

Worker released to this task? Yes. No.

If no, please provide the objective medical findings to support inability to perform this job task.

Drive to local hospitals to retrieve medical equipment sent to the hospital with victims of accidents or other injuries. Items may include: air casts, neck braces, backboards, straps, and splints. Includes driving/riding in a vehicle, walking, lifting, carrying, and bending.

Comments/Restrictions: _____

Task: Completing Personal Protective Equipment/Clothing Inspections

Worker released to this task? Yes. No.

If no, please provide the objective medical findings to support inability to perform this job task.

Inspect individuals' personal protective equipment. Clean equipment as requested.

Comments/Restrictions: _____

Task: Completing Special Projects

Worker released to this task? Yes. No.

If no, please provide the objective medical findings to support inability to perform this job task.

There are a variety of tasks/projects that may be identified from time to time. These projects may include: updating the information on the safety board, updating names on the assignment/ personnel board, coordinating events or visits to the Department, or arranging travel to training or competitions.

Comments/Restrictions: _____
