



## Aviation Light-Duty Work Tasks

The Port of Seattle is dedicated to providing meaningful and productive return to work options for employees that are injured on the job. There is considerable flexibility with the following tasks. Each position can and will be modified to conform to any limited hours and/or outlined medical restrictions. Thank you!

**Worker** \_\_\_\_\_ **Claim Number** \_\_\_\_\_

**Task: Data Download.** Worker released to this task?  Yes.  No.

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

Extract data from a handheld device to be entered into Excel spreadsheets.

Notes: Device can be held in one hand, and the buttons on the device can be pushed with the fingers on the other hand.

Comments/restrictions: \_\_\_\_\_  
\_\_\_\_\_

**Task: Data Entry.** Worker released to this task?  Yes.  No.

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

Enter data into Excel spreadsheets.

Notes: Work is performed while seated at a desk using a computer keyboard. This work can be performed with one hand.

Comments/restrictions: \_\_\_\_\_  
\_\_\_\_\_

**Task: Light Administrative Tasks.** Worker released to this task?  Yes.  No.

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

Filing, photocopying, and other administrative tasks.

Notes: Tasks would strictly conform to any documented medical restrictions.

Comments/restrictions: \_\_\_\_\_  
\_\_\_\_\_

**Task: Elevator/Escalator Audits.** Worker released to this task?  Yes.  No.

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

Inspecting elevators and escalators for debris, signs of breakdown or excessive wear and notifying the contractor of any findings.

Notes: Work is performed throughout the airport terminal. Frequent walking with the ability to sit and take breaks as needed. Tasks would strictly conform to any documented medical restrictions.

Comments/restrictions: \_\_\_\_\_



**Worker** \_\_\_\_\_ **Claim Number** \_\_\_\_\_

**Task: Assist Customers at Pay-on-Foot stations in garage.** Worker released to this task? Yes. No.  
*If no, please provide the objective medical findings to support inability to perform this job task.*

While walking the 4<sup>th</sup> floor of the garage by the skybridges, verbally give directions to customers on how to use the Pay-on-Foot Stations.

Notes: This work is performed outdoors while standing/walking. There are benches that an employee can sit on for short periods to rest.

Comments/restrictions: \_\_\_\_\_  
\_\_\_\_\_

**Task: Answer Intercoms, Radio and Phone calls.** Worker released to this task? Yes. No.  
*If no, please provide the objective medical findings to support inability to perform this job task.*

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Assist customers through an intercoms system by pushing buttons to answer the calls, answer radio calls from employees by pushing a button and answer phone calls by picking up the receiver. Preferable if the individual can write short notes, but not required.

Notes: This work is indoors while seated at a desk.

Comments/restrictions: \_\_\_\_\_

**Task: Bus Data Collection.** Worker released to this task?  Yes.  No.

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

Count bus ridership and count passengers boarding at specific boarding locations.

Notes: This work is outdoors with shelter available, and may require riding a bus as a passenger, to different locations. Standing, walking and sitting are required.

Comments/restrictions: \_\_\_\_\_  
\_\_\_\_\_

**Task: Parking Garage Vehicle/Space Count.** Worker released to this task?  Yes.  No.  
*If no, please provide the objective medical findings to support inability to perform this job task.*

Manually count the number of parking spaces available on the 8th floor of the employee parking area.

Notes: This work is outdoors with walking and writing. Walking can be limited as needed.

Comments/restrictions: \_\_\_\_\_  
\_\_\_\_\_



**Worker** \_\_\_\_\_ **Claim Number** \_\_\_\_\_

**Task: Speed Sign Data Collection.** Worker released to this task?  Yes.  No.  
*If no, please provide the objective medical findings to support inability to perform this job task.*  
Gather data from our speed signs, download data and enter data onto an excel spreadsheet.  
Notes: This work is sedentary, indoors and requires sitting, working at a desk using a computer, keyboarding, walking and writing.

Comments/restrictions: \_\_\_\_\_  
\_\_\_\_\_

**Task: Manually Operating The Speed Gun.** Worker released to this task?  Yes.  No.  
*If no, please provide the objective medical findings to support inability to perform this job task.*  
Manually monitor the speed of vehicles in the bagwell, located in the airport.  
Notes: This work is indoors and requires holding a speed gun, lifting up to 10 pounds, standing, sitting, writing, occasionally may need to run and approximately 50% of the work shift is spent walking. May use scooter to drive to various locations in the bagwell.

Comments/restrictions: \_\_\_\_\_  
\_\_\_\_\_

**Task: Airport Terminal Restroom 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 restrooms to see if they are kept clean and stocked with supplies.  
Notes: This work is indoors and requires writing and frequent/constant walking.

Comments/restrictions: \_\_\_\_\_  
\_\_\_\_\_

**Task: Fire Hazard Inspection.** Worker released to this task?  Yes.  No.  
*If no, please provide the objective medical findings to support inability to perform this job task.*  
Inspect the bagwell for fire hazards, specifically proper use of electrical outlets and surge protectors.  
Notes: This work is indoors with walking and writing.

Comments/restrictions: \_\_\_\_\_  
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**Worker** \_\_\_\_\_ **Claim Number** \_\_\_\_\_

**Task: Assist Airport Operations Personnel.** Worker released to this task?  Yes.  No.

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

Assigned Special Projects which require riding along as a passenger with the Airport Duty Manager or Operations person that could involve inspections and taking photos of items, monitoring use of different systems and inventorying items on the airfield at the airport.

Notes: This work is outdoors riding as a passenger in a vehicle, writing, occasional walking and use of a camera.

Comments/restrictions: \_\_\_\_\_

**Task: Conduct the Spot GSE/ Vehicle Inspection.** Worker released to this task?  Yes.  No.

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

Stop GSE vehicle verify employee is wearing seatbelt and is badged. Verify employee name, vehicle number location of stop. Ask operator to conduct and explain how to perform a pre-use inspection of vehicle. Employee records information and inspection in phone or tablet in Veoci software.

**Notes:** This work can be in the bagwell or ramp. Requires holding a phone or tablet, lifting to 3 pounds, standing, sitting, writing and occasionally walking. Will use scooter to drive to various locations in the bagwell and ramp. Employee must be familiar with ramp operations, have a blue badge and ability to use proper PPE. Employee will report AV/Ops SMS team.

Comments/restrictions: \_\_\_\_\_

**Task: Conduct Aircraft Turn Around Inspection.** Worker released to this task?  Yes.  No.

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

Drive scoter to aircraft and observe turn around procedures. Employee records information and inspection in phone or tablet in Veoci software.

**Notes:** This will be performed in the AOA area. Requires holding a phone or tablet, lifting to 3 pounds, standing, sitting, writing and occasionally walking. Will use scooter to drive to various locations in the ramp. Employee must be familiar with ramp operations, have a blue badge and ability to use proper PPE. Employee will report AV/Ops SMS team.

Comments/restrictions: \_\_\_\_\_



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**Worker** \_\_\_\_\_ **Claim Number** \_\_\_\_\_

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General Comments: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Return Completed Form to Health & Safety 206-787-3406**