

## Usual & Customary Job Description

EMPLOYER			
Named Insured:	Black's Hatchery and Turkey Farm, Inc.	Contact Person Name:	Michael Stief
Street Address:	PO Box 486	Phone Number:	805-369-2056
City, State, Zip:	Paso Robles, CA, 93446	Fax Number:	805-369-2059

INJURED WORKER			
Employee Name:		Date of Injury:	
Street Address:		Claim No.:	
City, State, Zip:		Phone Number:	

JOB TITLE:	Hotel Breakfast Attendant	Hours per Day / Week:	
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### LIST ESSENTIAL JOB DUTIES

Assists the F&B Manager in administration of all areas of F&B operations. Follows established policies for food & supply acquisition & receiving. Advises manager of low inventory items: assist in receiving items and taking inventory as required. Maintains proper storage and use of dated food products in compliance with hotels policy minimizing waste. Maintains cleanliness and sanitation of the breakfast and kitchen areas to meet or exceed state and local Health Board inspection and hotel requirements. Maintains a neat and well-organized work area. Observes daily conditions of all physical facilities and equipment in the breakfast and kitchen areas, making recommendations for corrections and improvements as necessary. Reports all unsafe or malfunctioning equipment to manager. Promote teamwork and quality service through daily communication and coordination with other departments. Key department contacts include Guest Service Hosts, Back Office Manager. Occasionally interacts directly with guests.

PHYSICAL REQUIREMENTS	N	I	O	F	C
Sitting	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
Driving/ Operate Foot Control	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk – Level Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
Walk – Uneven Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
Bend	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
Kneel/ Crouch/ Crawl	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach Above Shoulder R X LX	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Reach Below Shoulder R X LX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
Hand Use – Dominant Hand is:		R <input type="checkbox"/>	L <input type="checkbox"/>		
Grasping R <input type="checkbox"/> L <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
Squeezing R <input type="checkbox"/> L <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Mouse / Keyboard R <input type="checkbox"/> L <input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Manipulation R <input type="checkbox"/> L <input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LEGEND	
<b>N</b>	Never / Not Required
<b>I</b>	Intermittent <1 hr
<b>O</b>	Occasional 1-3 hrs
<b>F</b>	Frequent 3-6 hrs
<b>C</b>	Continuous 6+ hrs

ENVIRONMENT	N	I	O	F	C
Inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Outside	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
Cold	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Dust/ Fumes	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noisy	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lift	Up to 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
	11-20 lbs.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	21-50 lbs.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Over 50 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry	Up to 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
	11-20 lbs.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	21-50 lbs.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Over 50 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push	Up to 10 lbs.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11-20 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	21-50 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Over 50 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pull	Up to 10 lbs.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11-20 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	21-50 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Over 50 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A. Lift/Carry – Walks intermittently while lifting/carrying items up to 10lbs; Occasionally, items up to 20lbs. Bends intermittently to retrieve foods & supplies in lower cabinets/shelves. Generally reaches below shoulder height while preparing food, generally from ground shine to waist.**

**B Push/Pull Any**

**Additional comments – Wipes surface areas, rinses equipment & loads into dish washer. Retrieves items from refrigerator/freezer and dry storage area needed for next day; pre-preps as time permits.**

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR PHYSICIAN TO COMPLETE:**

Is the worker able to perform the physical requirements described above? Yes  No

Date of Release: \_\_\_\_\_ (Note: Date of release is same as Physician's Signature Date unless specified)

If No, please indicate what changes are needed in order to make this job appropriate:

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_