

# Usual & Customary Job Description

## EMPLOYER

<b>Named Insured:</b> <a href="#">Black's Hatchery and Turkey Farm, Inc.</a>	<b>Contact Person Name:</b> <a href="#">Michael Stief</a>
<b>Street Address:</b> <a href="#">PO Box 486</a>	<b>Phone Number:</b> <a href="#">805-369-2056</a>
<b>City, State, Zip:</b> <a href="#">Paso Robles, CA, 93446</a>	<b>Fax Number:</b> <a href="#">805-369-2059</a>

## INJURED WORKER

<b>Employee Name:</b>	<b>Date of Injury:</b>
<b>Street Address:</b>	<b>Claim No.:</b>
<b>City, State, Zip:</b>	<b>Phone Number:</b>

<b>JOB TITLE:</b>	Hotel Front Desk Agent/Guest Service Host	<b>Hours per Day / Week:</b>	
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### LIST ESSENTIAL JOB DUTIES

Greets guests and checks them into hotel following established procedures ensuring all necessary information is received and entered into PMS, obtaining credit card imprint for incidental expenses, informing guests of pertinent hotel policies, issuing room keys, directing guests to rooms and other areas. Respond to guest questions in a courteous and professional manner; providing information for directions, shopping, dining, entertainment, hotel services, and safety. Fulfill guest needs, ensuring their stay is as pleasurable as possible; assist with reservations as needed. Resolves guest problems/complaints using good judgement or refer to management. Answers hotel internal and external phone calls promptly and courteously and providing information as needed; take messages for hotel guests and assures their receipt. May routinely book guest reservations for individuals/groups using established procedures. Checks guests out of hotel following established procedures including but not limited to computing bills, collecting payment, and providing guest with necessary paperwork. Maintains front desk area in a clean and orderly fashion. Completes all necessary paperwork; maintains files and records. Performs clerical duties as required including filing, photocopying, faxing, emailing and mailing.

PHYSICAL REQUIREMENTS	N	I	O	F	C
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Driving/ Operate Foot Control	<input type="checkbox"/>	X	<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"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twist	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel/ Crouch/ Crawl	X	<input type="checkbox"/>	<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"/>	X	<input type="checkbox"/>	<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:					
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
Fine Manipulation R <input type="checkbox"/> L <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<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	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold	<input type="checkbox"/>	X	<input type="checkbox"/>	<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"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11-20 lbs.	<input type="checkbox"/>	X	<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"/>
Carry	Up to 10 lbs.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11-20 lbs.	<input type="checkbox"/>	X	<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"/>
Push	Up to 10 lbs.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11-20 lbs.	<input type="checkbox"/>	X	<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.	<input type="checkbox"/>	X	<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"/>

Lift, carry, push, pull would only include guest luggage on rare occasion when houseman is not available.

Additional comments: **May be exposed to outside weather and noises from office equipment.**

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

<b><u>FOR PHYSICIAN TO COMPLETE:</u></b>	
Is the worker able to perform the physical requirements described above? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 _____	