

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 Maintenance/Engineering Worker	Hours per Day / Week:	
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LIST ESSENTIAL JOB DUTIES

Maintenance and preventative maintenance tasks are performed continuously throughout the hotel. Receives work orders for the shift and performs tasks in order of priority. Tasks vary daily by need and may consist of general guest room and public area maintenance. Repairs water leaks toilets, bathtubs, and sinks, uses snake to unclog drains. Replaces faucets, toilet paper holders, towels holders. Applies caulk to bathtubs. Replaces interior/exterior light bulbs. Checks all guest room electrical appliances, circuits, including refrigeration/heating controls. Installs electrical outlets, switches, sockets or plugs. Replaces/repairs doors. Repairs/installs locks, handles or stops. Repairs window screens & blinds. Paints walls, doors and exterior. Performs general carpentry, tiling, and wall surface repairs. Checks pool & spa water levels and chemical levels to ensure compliance with board of health. Identifies and repairs pool furniture and pump equipment. Programs televisions. Shampoos carpets. Orders and maintains inventory of supplies/products needed to operate the pool & spa. Unloads supplies from vehicles and stocks shelves. Provides guest room service/repair status to Front Desk and Head Housekeeper. Maintains tools, workspaces, and equipment. Completes PM checklists and other maintenance records.

PHYSICAL REQUIREMENTS	N	I	O	F	C	LEGEND					
Sitting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N	Never / Not Required				
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I	Intermittent <1 hr				
Driving/ Operate Foot Control	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O	Occasional 1-3 hrs				
Walk – Level Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F	Frequent 3-6 hrs				
Walk – Uneven Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	Continuous 6+ hrs				
Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Twist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Kneel/ Crouch/ Crawl	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Climb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Reach Above Shoulder R X LX	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Reach Below Shoulder R X LX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Hand Use – Dominant Hand is:						R <input type="checkbox"/> L <input type="checkbox"/>					
Grasping R L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Squeezing R L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Mouse / Keyboard R L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Fine Manipulation R L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

ENVIRONMENT	N	I	O	F	C
Inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outside	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cold	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust/ Fumes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noisy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Biohazards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input checked="" type="checkbox"/>	A. Lift from ground to waist or shoulder, or above shoulder
	11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	21-50 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Over 50 lbs.	<input type="checkbox"/>	<input checked="" 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"/>	<input checked="" type="checkbox"/>	B. Carry between 5-100 feet, depending on material and weight of supplies/equipment
	11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	21-50 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Over 50 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Push	Up to 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Any Push/ Pull
	11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	21-50 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Over 50 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pull	Up to 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional comments: May drive company vehicle to supply store. Exposed to noises from hammering and power tools. May use ladder. Exposed to outside weather and chemicals from paint, cleaning supplies and pool chemicals.
	11-20 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	21-50 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Over 50 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 _____