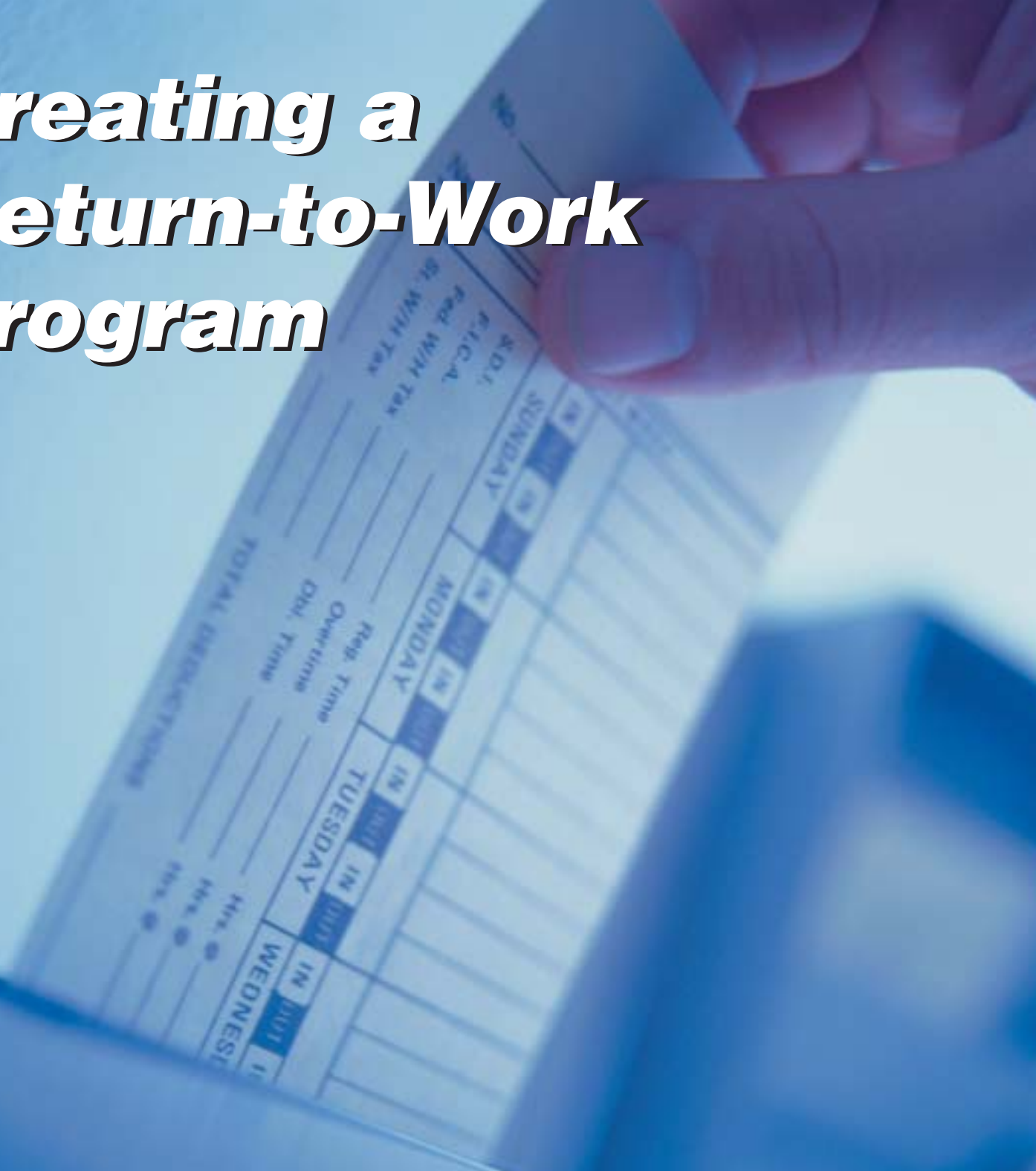


# ***Creating a Return-to-Work Program***



**MEMIC**

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# Introduction

Effective return-to-work programs have been identified as one of the key elements necessary to contain and reduce the cost of workers' compensation. At Maine Employers' Mutual Insurance Company we are responding to our policyholders' request for guidelines to establish such programs. The following information details the basics of a "return-to-work program." It indicates the advantages of such a program and provides guidelines to help the employer develop a plan. These guidelines allow for flexibility in the individual workplace setting.

## What is a return-to-work program?

It is a program designed to facilitate the earliest possible return of injured workers to the workplace, for the purpose of performing meaningful, productive work within the realm of their physical capabilities. You may also hear it referred to as: light duty, limited duty, modified duty, alternate duty or transitional work. These terms are basically synonymous.

A return-to-work program is intended to be time-limited and temporary. It saves money and reduces compensation costs.

## Why is a return-to-work program a key factor in successfully dealing with the workers' compensation system?

1. **Benefits to Employer**
  - Reduces the number of fraudulent claims.
  - Promotes better morale among all workers.
  - Decreases indemnity dollars from lost time—one of the most expensive components in workers' compensation.
  - Maintains production for wages paid (when a worker is drawing lost-time benefits, there is no production derived).
  - Avoids the cost of training and hiring replacement employees.
  - Facilitates employer/employee contact, giving the employer control, direction and positive resolution to the claim.
2. **Benefits to Employee**
  - Increases self-esteem, thereby decreases feelings of guilt frequently experienced by those who have been injured.
  - Contributes to faster recovery by keeping the injured worker from becoming physically deconditioned to a regular work schedule.
  - Maintains social contact with fellow employees, which encourages faster return to the job and enhances recovery.
  - Reduces the negative financial impact that many injured workers experience due to lost time.
3. **Win – Win Situation for the Employer and Employee**
  - The employer wins by retaining the use of valuable trained employees while minimizing workers' compensation costs.

## 4. Cost Analysis

The following is a cost analysis detailing the cost of dependency:

### EXAMPLE: Return-to-Work Costs

An employee has sustained a soft tissue injury. The employee is released for light duty, but the employer fails to return the employee to work. The employee remains out of work for six months.

• Employee's weekly wage (after-tax)	\$300
• Weekly workers' compensation payments (80 percent of \$300 for 26 weeks)	\$6,240
• Medical costs during the six months equal	\$2,000

A replacement was needed while the employee was out of work.

• Replacement's weekly wage (pre-tax) for 26 weeks	\$380	\$9,880
• Training costs incurred for replacement		\$5,000
<b>Total Cost:</b>		<b>\$23,120</b>
<b>Cost if the employer had 10 similar cases</b>		<b>\$231,200</b>

## When do you set up a return to work program?

Ideally, a return-to-work program is set up *before* you need to use it.

### 1. Have the Basic Foundation in Place

- Have your return to work policy and procedures written.
- Have the employee training completed.

## Who should be involved in establishing a return to work program?

Programs should involve everyone in the company. You need the involvement of top management, middle managers, foremen and supervisors, as well as, front line employees. This company-wide involvement will assure that the program is realistic and fosters compliance.

## **How to begin establishing a return-to-work-program.**

Before formulating an actual return-to-work program, you should have available a one- to-two year history of your company's on-the-job injuries and illnesses. Your insurance professionals can provide this information for you if it isn't currently available.

Once you have obtained this information, it should be used to note if there are any particular types of injury that occur with greater frequency than others. You should also note any particular job or job functions that contribute to most of your work-related injuries.

In doing the above, any problem areas in the workplace that must be examined for permanent modification or added safety features will be identified. You will also have established a base-line to begin formulating the type of alternate duty that you will need.

1. **Make arrangements with selected medical providers in your area to treat the work-related injuries of your employees. (MEMIC can provide you with a list of providers.)**
  - An employer representative should meet with the medical provider to discuss the company's return-to-work philosophy and inform him/her of the availability of alternate duty employment.
  - The medical provider should be invited, and strongly encouraged, to tour the facility so that he/she may see the job function and type of work performed.
  - Provide the medical provider with job descriptions, which identify the essential job functions and the physical requirements of the positions within the company.
  - Determine if the medical provider is in agreement with your company's philosophy regarding return-to-work policies.
2. **Using a standard video camera, make short, concise videos of jobs at the work site. These can be offered to the treating medical provider for review if he/she has questions regarding any particular job function within the company.**
3. **Designate a contact person within your company who will serve as a liaison between the employer/employee and medical provider. Inform the medical provider that this person is available to answer any questions regarding the return-to-work program.**
4. **Identify the major jobs and perform a job analysis on each position. (A sample Job Analysis Worksheet is attached.) Whatever format you choose, the job analysis must include job tasks and physical requirements of each job title.**

Ideally, the job analysis should be performed by a supervisor in conjunction with the employees who actually perform the job to ensure accuracy.

Once the job analyses are completed, copies should be made available to any medical provider treating an injured worker so that the medical provider may, more easily and accurately, determine what type of function an employee is physically capable of performing.

## **Introduction** *Continued*

When the employee's pre-injury job cannot be modified realistically to meet his/her physical limitation, the next course of action is to determine if there is alternate work that the employee could perform temporarily that would meet the company's productivity needs and the employee's physical limitations.

5. **Develop a physical assessment form that can be sent with the injured worker on every visit to the medical provider (See example in back of brochure– this can be modified to meet your individual needs, or you may use the M-1 form.)**

The medical provider will then have a tool to identify physical limitations. Once the medical provider has completed this evaluation you, the employer, will have a tool to further determine if your modified work or alternate duty positions are realistic and appropriate for the injured worker. The intent is that as the injured worker's treatment progresses, the physical limitations will be lifted in a realistic time frame.

The physical assessment form should be available to present to the medical provider when the employer representative meets him/her to discuss the return-to-work program.

6. **Make clear to the medical provider that the employer needs to receive an updated copy of the Physical Assessment Form.**

Once you have met the prerequisites, you are ready to formulate alternate duty positions. Some employers may choose to formulate alternate duty jobs prior to seeing a medical provider and following through on prerequisites, and that's fine. Once you feel you have realistic alternate duty positions formulated, you should follow through on the prerequisites.

7. **Communication**

The key factor in having a successful return-to-work program is effective communication between the employer, employee and the medical care provider.

# ***Formulating Alternate Duty***

## **Philosophy**

### **1. From the employer standpoint**

- Alternate duty needs to be meaningful work. Having an injured worker come in to watch television to prevent lost time is not meaningful work.
- Meaningful work provides the employer with productivity (granted it may not be at the level of a non-injured employee, but it is the beginning of a return to full productivity).
- Meaningful work increases the likelihood of compliance with the program by other employees and keeps their anger and frustration to a minimum.
- Middle managers are the key players in making alternate duty programs work. If middle managers and supervisors don't "buy into the program", employees will pick up their negative attitudes and this will undermine the success of the program.

### **2. From the employee standpoint**

Meaningful work provides the injured worker with a sense of accomplishment, maintains their self-esteem and decreases their feelings of guilt.

## **Where and how to start**

1. **Set a specific date and time to meet with supervisors, foremen and employee representatives. If you are a small company, you may want to include all employees. (You should allocate 1<sup>o</sup> hours for the first session.)**
2. **Designate one person to record all suggestions made during this session.**
3. **Clarify with everyone that your objective is to come up with alternate duty jobs within the company which will be used to safely return injured workers to the workplace in a timely fashion.**
4. **Give all participants the opportunity to suggest any duties or function that might be included in alternate duty assignments.**

Encourage everyone to come up with as many suggestions as possible, even if initially they may think them unrealistic. The idea is to give yourself as many options as possible.

5. **Have the designated recorder list all the suggestions (preferably on a blackboard, flip chart, or large sheet of paper tacked to the wall so that everyone can see the results.**

Be creative and innovative, this can really be stimulating. People who have used this process have been amazed that, once they acknowledged everyone's input, they discovered the many options available to them. The results can be satisfying for everyone involved.

## **Formulating Alternate Duty** *Continued*

**6. Once all ideas have been exhausted, look at each suggestion individually.**

This is when discussion among the group takes place to determine what would work, why and how. A second meeting may have to be scheduled to complete this process. Once the group has come to an understanding of what functions can be included in alternate duty positions, these functions are then listed and titled as alternate duty positions.

Copies are made and shared with employees and the medical providers. Copies should also be kept with the designated contact person in the company, who will make sure that they are given to the appropriate medical providers, employees and supervisor, as the need arises. Various, alternate duty jobs can be grouped together to accommodate one employee.

**7. These are suggested alternate duty positions and can be restructured and expanded.**

They may need to be modified for individual employees in order to accommodate physical limitations. For example, a generic alternate duty position may be appropriate for someone with an arm, hand or upper body injury, but may not be appropriate for someone with a low back injury. Furthermore, you would not want an employee with a low back injury sitting all day or doing frequent bending or stooping as this would increase strain on the low back.

However, even with possible modifications, you will have your alternate duty positions in place. Employees and medical providers will all be aware of and be ready to implement them when the need arises.



# ***Train Your Employees***

Train your employees before you start a return-to-work program and implement your policies. Include in the training process:

- Benefits of implementing this program for both the employees and employer.
- Date it will become effective.
- Copies of the return-to-work policy that has been formulated.
- Your choice of medical provider.
- The designated contact person in the company for the employee, employer and medical provider.
- The job analysis that has been performed on existing, regular jobs and the alternate duty jobs that have been formulated.
- Copies of the physical assessment or other forms that will be used.
- Enlist employee cooperation in identifying and reporting other functions which may be incorporated into alternate duty positions.
- Reinforce to employees your belief in the program and your sincere desire to make it work.
- All new employees should be given copies of the return-to-work policies and procedures as well as alternate duty positions at the time of hire.

# ***Conclusion***

These guidelines will not solve all employers' problems in returning injured workers to the workplace. However, these guidelines are a good initial tool to help you formulate a successful return-to-work program within your company.

Should you have any further questions, concerns or need more information, please contact Maine Employers' Mutual Insurance Company's Disability Management Unit. We are available to assist you in setting up a successful return-to-work program for your employees.

# **Appendix**

In the following pages, you will find two sample forms. You may find these forms useful in establishing your company's return-to-work program. The forms can be customized to your company.

Physical Assessment Form

Job Analysis

An important aspect of (employer/company name)is Return-to-Work Program is returning an injured employee to work as soon as possible after the date of injury. Please provide the following information so that we can best determine the physical limitations of the worker and, if necessary, place the employee in a suitable, temporary modified job. (Circle one of the following):

1. **Work Related** **Non-Work Related** - **Shift Worked:** 7-3 3-11 11-7 **Other**

Name of Employee \_\_\_\_\_ Date of Examination \_\_\_\_\_ Date of Next Appointment \_\_\_\_\_

Employee Social Security Number \_\_\_\_\_ Company Address \_\_\_\_\_ Company Phone Number \_\_\_\_\_

2. **Medication:** Please list any medication prescribed for use during working hours that would affect alertness or ability to respond to an emergency:

3. **Referred to Dr.** \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Lab \_\_\_ x-ray \_\_\_ Physical Therapy \_\_\_ Occupational Therapy \_\_\_ Other \_\_\_\_\_

4. **Diagnosis:** \_\_\_\_\_

5. **Physician Comments:** \_\_\_\_\_

6. **Patient's Instructions:** \_\_\_\_\_

7. **Work Ability:** **No Restrictions** \_\_\_\_\_ **Modified Work As Indicated Below** \_\_\_\_\_ **Unable to Work Until** \_\_\_\_\_

Employee can work \_\_\_\_\_ hours per day.

In a workday the employee can \_\_\_\_\_ for increments of up to \_\_\_\_\_ hours. (Circle applicable functions and hours restricted, if any, or check if no restrictions apply.)

- a. Sit 0, 1, 2, 3, 4, 5, 6, 7, 8, \_\_\_No Restrictions
- b. Stand 0, 1, 2, 3, 4, 5, 6, 7, 8, \_\_\_No Restrictions
- c. Walk 0, 1, 2, 3, 4, 5, 6, 7, 8, \_\_\_No Restrictions
- d. Inside 0, 1, 2, 3, 4, 5, 6, 7, 8, \_\_\_No Restrictions
- e. Outside 0, 1, 2, 3, 4, 5, 6, 7, 8, \_\_\_No Restrictions

Note: In terms of an 8 hour workday iOccasionallyî equals 1% to 33%, iFrequentlyî equals 34% to 66% and iContinuouslyî equals 67% to 100%. (Circle applicable functions and check time limitations, if any, or check if no restrictions apply.)

a. Employee can lift:	Never	Occas.	Freq.	Cont.	No Restrictions
Up to 10 lbs.	_____	_____	_____	_____	_____
11 – 24 lbs.	_____	_____	_____	_____	_____
25 – 34 lbs.	_____	_____	_____	_____	_____
35 – 50 lbs.	_____	_____	_____	_____	_____
51 – 74 lbs.	_____	_____	_____	_____	_____
75 – 100 lbs.	_____	_____	_____	_____	_____

b. **Employee can carry (lift and transport) an object 10 feet or more:**

	Never	Occas.	Freq.	Cont.	No Restrictions
Up to 10 lbs.	_____	_____	_____	_____	_____
11 – 24 lbs.	_____	_____	_____	_____	_____
25 – 34 lbs.	_____	_____	_____	_____	_____
35 – 50 lbs.	_____	_____	_____	_____	_____
51 – 74 lbs.	_____	_____	_____	_____	_____
75 – 100 lbs.	_____	_____	_____	_____	_____

**c. Employee is able to:**

	Never	Occas.	Freq.	Cont.	No Restrictions
Bend	_____	_____	_____	_____	_____
Crouch	_____	_____	_____	_____	_____
Squat	_____	_____	_____	_____	_____
Push/Pull	_____	_____	_____	_____	_____
Crawl	_____	_____	_____	_____	_____
Climb Stairs	_____	_____	_____	_____	_____
Climb Ladders	_____	_____	_____	_____	_____
Reach Above	_____	_____	_____	_____	_____
Shoulder level	_____	_____	_____	_____	_____
Lift Above	_____	_____	_____	_____	_____
Shoulder level	_____	_____	_____	_____	_____
Balance	_____	_____	_____	_____	_____
Work on Uneven	_____	_____	_____	_____	_____
Ground	_____	_____	_____	_____	_____
Kneel	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

*Comments: (if applicable, note frequency per hour per day)*

**d. Employee can use head and neck in:**

	Never	Occas.	Freq.	Cont.	No Restrictions
Static Position	_____	_____	_____	_____	_____
Frequent Flexing	_____	_____	_____	_____	_____
Frequent Rotating	_____	_____	_____	_____	_____

**e. Employee can use hands for repetitive actions such as:**

	Never	Occas.	Freq.	Cont.	No Restrictions
Simple Grasping	Rt. _____	_____	_____	_____	_____
	Lt. _____	_____	_____	_____	_____
Firm Grasping	Rt. _____	_____	_____	_____	_____
	Lt. _____	_____	_____	_____	_____
Fine Manipulating	_____	_____	_____	_____	_____
(pinch gripping)	Rt. _____	_____	_____	_____	_____
	Lt. _____	_____	_____	_____	_____

**f. Employee can use foot operated controls:**

	Never	Occas.	Freq.	Cont.	No Restrictions
Right	_____	_____	_____	_____	_____
Left	_____	_____	_____	_____	_____

**g. Other (e.g. hearing or vision loss).**

*I authorize the release of information concerning my present illness/injury to my employer and their workers' compensation insurance carrier.*

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

\_\_\_\_\_  
**Printed Physician Name, Address & Phone Number** \_\_\_\_\_  
**Physician Signature**

# MEMIC JOB ANALYSIS

Partners for Workplace Safety<sup>SM</sup>

Employer: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 DOT Code: \_\_\_\_\_  
 Date: \_\_\_\_\_

Employee (if applicable): \_\_\_\_\_  
 Job Analysis Performed by: \_\_\_\_\_  
 Title: \_\_\_\_\_

**1. Summary of job task:**

**2. Skills/training required to perform duties (specify):**

**3. Work hours:** \_\_\_\_\_  
 Number of days worked per week: \_\_\_\_\_  
 Overtime Hours: \_\_\_\_\_

Breaks First: \_\_\_\_\_  
 Meal: \_\_\_\_\_  
 Last: \_\_\_\_\_

**4. Machines, tools, equipment used as part of the job:**

**Assess environmental factors employee is exposed to (circle most appropriate):**

- |  |  |
|--|--|
| <p>a. Low temp. (lowest environmental temp in which the employee will be required to work.)</p> <ol style="list-style-type: none"> <li>1. Work environment 40 – 60 F</li> <li>2. Work environment 15 – 40 F</li> <li>3. Work environment below 15 F</li> </ol>   | <p>b. High temp. (highest temp. in which the employee will be required to work.)</p> <ol style="list-style-type: none"> <li>1. Work environment 70 – 80 F</li> <li>2. Work environment 80 – 90 F</li> <li>3. Work environment over 90 F</li> </ol>   |
| <p>c. Wetness</p> <ol style="list-style-type: none"> <li>0. No exposure</li> <li>1. Occasional exposure to water or dampness</li> <li>2. Moderate exposure to water or dampness</li> <li>3. Constant work in/near water. Workers' clothes always damp or wet.</li> </ol>   | <p>d. Slippery Surfaces</p> <ol style="list-style-type: none"> <li>0. No exposure</li> <li>1. Occasional work on slippery surfaces (1-3 hrs/day)</li> <li>2. Moderate work on slippery surfaces (3-7 hrs/day)</li> <li>3. Constant work on slippery surfaces (7+ hrs/day)</li> </ol>   |
| <p>e. Uneven Surfaces</p> <ol style="list-style-type: none"> <li>0. No exposure</li> <li>1. Occasional work on uneven surfaces (1-3 hrs/day)</li> <li>2. Moderate work on uneven surfaces (3-7 hrs/day)</li> <li>3. Constant work on uneven surfaces (7+ hrs/day)</li> </ol>   | <p>f. High Elevations (unprotected exposure to heights)</p> <ol style="list-style-type: none"> <li>0. No exposure</li> <li>1. Work up to 5 feet above the ground</li> <li>2. Work from 5-10 feet above the ground</li> <li>3. Work above 10 feet from the ground</li> </ol>  |
| <p>g. Confined Spaces or Cramped Body Positions</p> <ol style="list-style-type: none"> <li>0. No exposure</li> <li>1. Work in cramped positions/confined spaces 1-3 hrs/day</li> <li>2. Work in cramped positions/confined spaces 3-7 hrs/day</li> <li>3. Work in cramped positions/confined spaces 7 or more hrs/day</li> </ol> | <p>h. Vibration (i.e., jack hammers, electric drills, sanders etc.)</p> <ol style="list-style-type: none"> <li>0. No exposure</li> <li>1. Minor vibration or short period of time (1-3 hrs/day)</li> <li>2. Some vibration or moderate period of time (3-7 hrs/day)</li> <li>3. Pronounced or continuous vibration (7+ hrs/day)</li> </ol> |
| <p>i. Non-ionizing Radiation (welding flash, microwaves, sunburn)</p> <ol style="list-style-type: none"> <li>0. No exposure</li> <li>1. Slight chance of exposure</li> <li>2. Moderate exposure</li> <li>3. Continuous/heavy exposure</li> </ol>   | <p>j. Ionizing Radiation (radioactive isotopes, x-rays)</p> <ol style="list-style-type: none"> <li>0. No exposure</li> <li>1. Slight chance of exposure</li> <li>2. Occasional exposure</li> <li>3. Continuous or heavy exposure</li> </ol>  |
| <p>k. Toxic Conditions (exposure to substances with known or suspected significant toxic health effects).</p> <ol style="list-style-type: none"> <li>0. No exposure</li> <li>1. Slight likelihood of exposure</li> <li>2. Moderate likelihood of exposure</li> <li>3. High likelihood of exposure</li> </ol>                     | <p>l. Infection (exposure to infections that can cause significant illness or death.)</p> <ol style="list-style-type: none"> <li>0. No exposure</li> <li>1. Minimal exposure to infections</li> <li>2. Moderate exposure to infections</li> <li>3. Frequent exposure to infections</li> </ol>  |
| <p>m. Noise</p> <ol style="list-style-type: none"> <li>0. No exposure to loud noises</li> <li>1. Slight, occasionally fairly loud sounds</li> <li>2. Moderate, steady and fairly loud noise, level below 85db</li> <li>3. Severe, loud noise &gt; 85db. Requires OSHA hearing protection</li> </ol>                              | <p>n. List toxic substances employees may be exposed to:</p> <p>_____</p> <p>_____</p> <p>_____</p>  |

**6. Moving equipment/vehicles driven as part of job**

**7. Amount of each day spent:** Standing \_\_\_\_\_% Walking \_\_\_\_\_% Sitting \_\_\_\_\_%

**8. Employee works:** Inside \_\_\_\_\_% Outside \_\_\_\_\_%

**9. While performing job, employee required to:**

- a. Drive Yes \_\_\_ No \_\_\_
- b. Twist Yes \_\_\_ No \_\_\_
- c. Stoop/Bend Yes \_\_\_ No \_\_\_
- d. Squat Yes \_\_\_ No \_\_\_
- e. Kneel Yes \_\_\_ No \_\_\_
- f. Crawl Yes \_\_\_ No \_\_\_
- g. Climb Ladders Yes \_\_\_ No \_\_\_
- h. Climb Stairs Yes \_\_\_ No \_\_\_
- i. Walk on uneven ground Yes \_\_\_ No \_\_\_
- j. Work above Shoulder level Yes \_\_\_ No \_\_\_
- k. \_\_\_\_\_ Yes \_\_\_ No \_\_\_

**10. The heaviest weight lifted while either sitting or standing in one place weighs \_\_\_\_\_.** The object's name is \_\_\_\_\_ and the estimated times lifted daily are \_\_\_\_\_

**11. The heaviest weight carried while walking from place to place weighs \_\_\_\_\_.** The object's name is \_\_\_\_\_ and the estimated times carried daily are \_\_\_\_\_

**12. The heaviest weight pushed/pulled weighs \_\_\_\_\_.** The object's name is \_\_\_\_\_ and it is pushed/pulled a distance of \_\_\_\_\_ and at a frequency of \_\_\_\_\_.

**13. Physical Activity Required:**

	Total Hours Performed Daily						Const.
	Never	1 or <	1-2	3-4	5-6	7-8	
Lifting under 10 lbs.	_____	_____	_____	_____	_____	_____	_____
Lifting 10 – 25 lbs.	_____	_____	_____	_____	_____	_____	_____
Lifting 25 – 50 lbs.	_____	_____	_____	_____	_____	_____	_____
Lifting over 50 lbs.	_____	_____	_____	_____	_____	_____	_____
Carrying under 10 lbs.	_____	_____	_____	_____	_____	_____	_____
Carrying 10 – 25 lbs.	_____	_____	_____	_____	_____	_____	_____
Carrying 25 – 50 lbs.	_____	_____	_____	_____	_____	_____	_____
Carrying over 50 lbs.	_____	_____	_____	_____	_____	_____	_____
Reaching above shoulder height	_____	_____	_____	_____	_____	_____	_____
Reaching at shoulder height	_____	_____	_____	_____	_____	_____	_____
Reaching below shoulder height	_____	_____	_____	_____	_____	_____	_____

**14. Hand/wrist repetitions (circle appropriate response):**

- 0. Not a requirement of this job
- 1. Infrequent- 1-960/day (960 based on 2 repetitions/minute)
- 2. Moderate- 961-2880/day (2880 based on 6 repetitions/minute)
- 3. Frequent- 2881 or more (more than 6 repetitions/minute)

**15. Wrist Position (degree either wrist must deviate from neutral position- please circle appropriate response):**

- 0. Not a requirement of this job
- 1. Slight deviation of wrist
- 2. Moderate deviation of wrist
- 3. Extensive deviation

**13. Pinching (please circle appropriate response):**

- 0. Not a requirement of this job
- 1. Infrequent- 1 – 120 pinches/day (120 based upon 15 pinches/hr.)
- 2. Moderate- 121 – 480 pinches/day (480 based upon 1 pinch/minute)
- 3. Frequent- 481 or greater pinches/day (over 1 pinch/minute)

**17. Does this job require use of both hands? Yes \_\_\_\_\_ No\_\_\_\_\_**

**18. If yes, amount of time job does require use of both hands \_\_\_\_\_.**

**19. Hearing (please circle appropriate response):**

- 0. Not a requirement of this job (a deaf person could perform this job)
- 1. Requires hearing whispered voice at 3 feet (FAA Class III)
- 2. Requires hearing whispered voice at 8 feet (FAA Class II)
- 3. Requires hearing whispered voice at 20 feet (FAA Class I)

**20. Near Vision (requirement to see objects close up – please circle appropriate response):**

- 0. Not a requirement of this job
- 1. Requires minimal near vision
- 2. Requires 20/40 near vision
- 3. Requires 20/20 near vision

**21. Far Vision (requirement to see in the distance – please circle appropriate response):**

- 4. Not a requirement of this job
- 5. Requires minimal far vision
- 6. Requires 20/40 far vision
- 7. Requires 20/20 far vision

**22. Visual Color Discrimination (match or discriminate between colors – please circle appropriate response):**

- 0. Not a requirement of this job
- 1. Requires minimal color discrimination
- 2. Requires discriminating between red, green and white
- 3. Requires both red/green and blue/violet discrimination

**23. Visual Depth Perception (determine the distance and relationship between objects – please circle appropriate response):**

- 0. **Not a requirement of this job**
- 1. **Minimal depth perception required**
- 2. **Moderate depth perception required**
- 3. **Accurate depth perception required**

**24. Can the worker change positions? At will \_\_\_\_\_ Occasionally \_\_\_\_\_ Never\_\_\_\_\_**

**25. Describe ways in which this job may be modified. If none, please explain:**

**Permanent Modification \_\_\_\_\_ Temporary Modification \_\_\_\_\_**

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Employee comments/corrections: (if applicable) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have reviewed this job analysis and agree with its content except for comments/corrections as noted above.

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

Physician comments: (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this job appropriate for this employee? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please indicate why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



261 Commercial Street • P.O. Box 11409  
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**Claim Department**  
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**CREATING A RETURN-TO-WORK PROGRAM**

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Partners for Workplace Safety<sup>SM</sup>

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