



**UW System Return to Work Manual  
(Related to Worker's Compensation)**

September 2022

This document is intended solely as guidance and does not contain any mandatory requirements except where requirements found in statute or administrative rule are referenced. This guidance does not establish or affect legal rights or obligations and is not finally determinative of any of the issues addressed. This guidance does not create any rights enforceable by any party in litigation with the State of Wisconsin or the Board of Regents. Any decisions made by the Board of Regents in any matter addressed by this guidance will be made by applying the governing statutes and administrative rules to the relevant facts.

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## **Purpose**

The Return to Work (RTW) Program assists eligible employees who are temporarily unable to return to regular duties because of an employment-related injury or illness. UW System institutions must make reasonable efforts to accommodate transitional modified work assignments within the limits of the employee's capabilities.

RTW programs include transitional modified work assignments which typically involve excusing an employee from performing certain tasks that they would normally perform in their job and replacing them with other more suitable tasks to meet the employee's physical, cognitive, and mental capabilities.

## **Objectives**

- Allow the employee to remain in the work force and resume productive employment as soon as possible in their normal classification.
- Enable the employee to gradually overcome their limitations through a transitional period of modified work assignments.

## **Benefits of a Return to Work Program**

The timely return of injured employees to productive roles in the workforce benefits employees and employers and is a shared responsibility by management and employees.

Employee benefits include:

- Maintain some or all their earnings
- Maintain their skills and are productive contributors to the organization
- Likely to return to their pre-injury jobs more quickly
- Maintain social connections and sense of purpose with their work routine
- Realize their value to the organization
- Focus on abilities instead of disability

Employer benefits include:

- Illustrate the value of the employee to the workplace
- Increase employee morale and job satisfaction
- Reduce direct costs such as medical and lost wage replacements paid to employees
- Reduce of indirect costs in relation to:
  - Training a substitute worker
  - Poor efficiency due to break up of a crew
  - Overtime to make up production
  - Failure to meet deadlines/fill orders
  - Loss of goodwill
  - Overhead costs while work is disrupted
- Continue productivity within the department and institution
- Reduce in absenteeism and days away from work

## **Receipt and Consideration of Employee's Capabilities**

Any restrictions for work-related injuries must be in writing from the treating healthcare provider and must detail the employee's capabilities and the duration of restrictions. The employee will immediately provide this information to their Worker's Compensation Coordinator (WCC) and/or the Return to Work Coordinator (RTWC).

If the treating healthcare provider does not provide their own form or if questions still exist, the WCC will email or fax the treating healthcare provider a letter explaining the RTW policy (see Appendix A example) and the Fitness for Duty Form (see Appendix B example). A Job Analysis Form detailing the employee's current job duties will also be shared with the treating healthcare provider as applicable (see Appendix D for an example).

Upon receipt of the employee's capabilities, the WCC and/or the Return to Work Coordinator (RTWC) and/or the employee's Supervisor assesses how the restrictions impact the employee's ability to perform their regular job duties and whether the employee can return to work with or without restrictions.

The initial consideration for returning an employee to work is made by the WCC and/or the RTWC in conjunction with the institution's Office of Human Resources. In most cases, the employee's own department should be able to find a suitable fit. However, if the original employing department cannot make a suitable fit within their department, the WCC and/or the RTWC refers to a bank of transitional modified work assignments (see Appendix E) and works with the various deans or division leads at the institution to determine if a transitional modified work assignment is available.

The Fitness for Duty form (see Appendix B) is reviewed with the injured employee thereafter. When it is determined, the employee may return to work in limited or full capacity, the supervisor or the WCC and/or RTWC reviews the information with the employee and the date the employee is expected to return to work, and the employee signs the Offer of Transitional Modified Work Assignment Letter (see Appendix C).

## **Evaluating Return to Work Options**

The primary goal of a RTW program is to return the employee to their pre-injury positions. The following will be considered when evaluating transitional modified work assignments:

- Job duties are productive, meaningful and contribute to the organization.
- Placement emphasizes the employee's abilities rather than limitations.
- Placement is transitional and directed towards a full return to the pre-accident job whenever possible.
- Physical demands mirror those provided by the healthcare provider.

A transitional modified work assignment is a key element of the return to work program. The immediate supervisor, working with the WCC and/or RTWC and Safety Manager identifies tasks that will be accomplished in a modified job.

The following progression are used for prioritizing the placement of an employee returning to work following a workplace injury:

1. Modified work duties within the employee's current position description
  - Regular jobs with only some tasks removed
2. Modified work duties within the employee's department that are not related to the employee's current position
3. Modified work duties within the employing school, college, or division
4. Modified work duties from another employing unit at the UW institution (i.e., host department)
  - The WCC refers to a bank of modified work positions to match appropriate positions with the employee's restrictions
  - Jobs within other departments not displacing current employees

If an employee refuses a transitional modified work assignment which are within the employee's capabilities and ability to perform, the employer is not obligated to provide alternatives. The employee should be made aware that refusing a transitional modified work assignment may result in limitation or termination of any benefits for lost time being received under the worker's compensation program.

## **Fiscal Responsibility**

The employee's department is responsible for the wage and benefit costs during the period of a transitional modified work assignment that is external to the department (not the employing department). UW System institutions receive an annual premium assessment for worker's compensation costs which is based on both employee exposure and claims experience and may be allocated to major divisions and auxiliary units. This creates an incentive for departments to reduce worker's compensation lost time payment costs. However, there may be circumstances for not bringing the employee back to work, which require the approval of the institution's Chief Business Officer.

## **Process for End of Healing with Permanent Restrictions**

If, at the end of the healing period, the UW institution is not able to make reasonable accommodations for permanent restrictions, the UW institution's existing disability accommodation policies are followed (UW System Human Resources: Practice Directive EEO A (*formerly EEO 4*): [Accommodations for Individuals with Disabilities](#)). Reasonable accommodations consistent with ADA guidelines may be applicable.

## **Roles and Responsibilities**

### **Injured Employee**

- Follows institutional rules and safety practices
- Reports injury immediately to supervisor
- Completes all needed paperwork within 24 hours or as soon as feasible
- Continues to meet the performance needs of the organization
- Completes a Return-to-Work Agreement Form, identifying employee's capabilities and new

assignment

- Maintains contact with their supervisor
- Provides regular updates to the worker's compensation coordinator, at least weekly, with medical reports on health condition and treatment
- Returns to work under terms of the offered modified work assignment (when applicable) which is within the medical restrictions as set by the treating healthcare provider

### **Supervisor/Department Designee**

- Reports the injury and completes all needed paperwork within 24 hours to the WCC
- Collaborates and coordinates RTW activities with all stakeholders to assist with identifying, developing, and offering modified work for the employee
- Notifies the employee if modified work is available
- Maintains contact with the injured worker and the worker's compensation coordinator throughout the process
- Monitors the job to determine compliance within restrictions

### **Workers Compensation Coordinator (WCC)/Divisional Disability Representative (DDR)**

- Reviews all forms for full completion by correct persons
- Prompt notification to UW System Administration Worker's Compensation Examiners
- Ensures the injured employee is informed of their rights and responsibilities
- Works with the healthcare provider to obtain information regarding the injuries and defining the employee's capabilities
- Maintains contact with the injured employee
- Maintains contact with the UW System Administration Worker's Compensation Examiners
- Meets with the supervisor to determine specific job tasks and suggest appropriate job modifications
- Concentrates on returning the employee to work activities that are based on physical capabilities and transferable skills
- Assists with the development of modified work assignments
- Acts as liaison for all interested parties
- Maintains injury records and history
- Maintains a bank of campus-wide bank of modified work positions

### **Definitions**

**Transitional Modified Work Assignment:** Performance of transitional modified work duties that are intended to return an employee to their own position either with or without a reasonable accommodation. Transitional modified work assignments meet the medical restrictions indicated by the employee's treating healthcare provider. Transitional modification of work within the employee's own job may include, but is not limited to, adjustment of job responsibilities, adjustment to schedules, adjustment of the work environment, adjustment of work hours, modifying the frequency or manner in which an employee performs a specific essential function of their own position, temporary removal of an essential job function, providing tools, equipment, or other measures that meet the employee's restrictions specified by the treating healthcare provider.

A transitional modified work assignment may involve alternate duties outside the employee's own job that are compatible with the employee's job skills and that meet the medical restrictions specified by the healthcare provider.

A transitional modified work assignment may include an assignment that is outside of the employee's regularly scheduled work hours and location. The institution makes every effort to identify transitional modified work within the employee's usual work schedule and within a reasonable proximity to their work location.

## **Resources**

Department of Administration (DOA): [Return to Work Guideline](#)

Regent Policy Document 14-10 (*formerly 96-6*): [Nondiscrimination on Basis of Disability](#)

[UW System Administration Family & Medical Leave](#)

UW System Administration Policy 635: [Return to Work: Worker's Compensation](#)

UW System Administrative Policy 1213 (*formerly BN 4*): [Wisconsin and Federal Family and Medical Leave Acts](#)

UW System Human Resources: Practice Directive EEO A (*formerly EEO 4*): [Accommodations for Individuals with Disabilities](#)

## Appendix A

### Letter to Treating Healthcare Provider Example

Date:

Healthcare Provider's Name:

Address:

RE: Employee's Name

Dear Doctor,

Thank you for your prompt treatment of our valued employee.

[Agency/Institution] believes the prevention of occupational injuries and illness cannot be overemphasized. The protection of our employees, our number one resource, is of paramount importance.

[Agency/Institution] has implemented a return-to-work policy providing transitional modified work assignments that allows the employee to perform value-added work for a specified period of time during the recovery process.

[Agency/Institution] can provide a variety of tasks to suit the employee's capabilities and will work with you to provide appropriate placement to assist with transitioning the employee back to full duty.

Some examples of transitional modified work available could be:

- Making copies,
- Assisting with safety training,
- Inventorying
- Etc.

For your convenience, I am enclosing a Fitness for Duty form which will allow you to express your opinions on what restrictions may be necessary.

In order for this program to be successful, a coordinated effort between [Employee Name], [Healthcare Provider], [Agency/Institution] and our agents is imperative.

Please do not hesitate to contact me to discuss return-to-work opportunities for [Agency/Institution] employees. I thank you in advance for your continued cooperation in this manner.

Sincerely,

Name

Title

Address

Contact Information

## Appendix B

### FITNESS FOR DUTY

| <b>PATIENT'S NAME :</b> (First) _____ (Middle Initial) _____ (Last) _____   |                          | <b>DATE OF INJURY/ILLNESS:</b> _____  |  |   |   |   |   |                          |  |   |  |   |                   |                          |                          |         |                          |                          |          |                          |                          |          |                          |                          |               |                          |                          |  |
|---|--------------------------|---|--|---|---|---|---|--------------------------|--|---|--|---|-------------------|--------------------------|--------------------------|---------|--------------------------|--------------------------|----------|--------------------------|--------------------------|----------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|--|
| <b>AGENCY/INSTITUTION NAME:</b> _____   |                          |   |  |   |   |   |   |                          |  |   |  |   |                   |                          |                          |         |                          |                          |          |                          |                          |          |                          |                          |               |                          |                          |  |
| <b>DIAGNOSIS:</b> _____   |                          |   |  |   |   |   |   |                          |  |   |  |   |                   |                          |                          |         |                          |                          |          |                          |                          |          |                          |                          |               |                          |                          |  |
| <b>TREATMENT:</b> _____   |                          |   |  |   |   |   |   |                          |  |   |  |   |                   |                          |                          |         |                          |                          |          |                          |                          |          |                          |                          |               |                          |                          |  |
| <input type="checkbox"/> <b>WORK RELATED</b> <input type="checkbox"/> <b>NON WORK RELATED</b>   |                          |   |  |   |   |   |   |                          |  |   |  |   |                   |                          |                          |         |                          |                          |          |                          |                          |          |                          |                          |               |                          |                          |  |
| <input type="checkbox"/> <b>No Restrictions/Return to Previous Work</b>   |                          | <input type="checkbox"/> <b>Return to Work Subject to Following Restrictions:</b>   |  |   |   |   |   |                          |  |   |  |   |                   |                          |                          |         |                          |                          |          |                          |                          |          |                          |                          |               |                          |                          |  |
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| 2. Patient may use hands for repetitive: <ul style="list-style-type: none"> <li><input type="checkbox"/> Simple Grasping    <input type="checkbox"/> Fine Manipulation    <input type="checkbox"/> Pushing/Pulling</li> </ul>   |                          |   |  |   |   |   |   |                          |  |   |  |   |                   |                          |                          |         |                          |                          |          |                          |                          |          |                          |                          |               |                          |                          |  |
| 3. Patient may use feet for repetitive movement as in operating foot controls: <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes                    <input type="checkbox"/> No</li> </ul>  |                          |   |  |   |   |   |   |                          |  |   |  |   |                   |                          |                          |         |                          |                          |          |                          |                          |          |                          |                          |               |                          |                          |  |
| 4. Patient is able to: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; padding: 5px;"><b>Frequently</b></td> <td style="text-align: center; padding: 5px;"><b>Occasionally</b></td> <td style="text-align: center; padding: 5px;"><b>Not at all</b></td> </tr> <tr> <td style="padding: 5px;">a. Bend</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">b. Squat</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">c. Climb</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">d. Twist Body</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">Duration levels in relation to a job's workday schedule: <b>frequently</b> (1/3 to 2/3), <b>occasionally</b> (2% to 1/3)</p>   | <b>Frequently</b>        | <b>Occasionally</b>   | <b>Not at all</b>  | a. Bend   | <input type="checkbox"/>  | <input type="checkbox"/>  | b. Squat  | <input type="checkbox"/> | <input type="checkbox"/>   | c. Climb  | <input type="checkbox"/>   | <input type="checkbox"/>  | d. Twist Body     | <input type="checkbox"/> | <input type="checkbox"/> |         |                          |                          |          |                          |                          |          |                          |                          |               |                          |                          |  |
| <b>Frequently</b>   | <b>Occasionally</b>      | <b>Not at all</b>   |  |   |   |   |   |                          |  |   |  |   |                   |                          |                          |         |                          |                          |          |                          |                          |          |                          |                          |               |                          |                          |  |
| a. Bend   | <input type="checkbox"/> | <input type="checkbox"/>  |  |   |   |   |   |                          |  |   |  |   |                   |                          |                          |         |                          |                          |          |                          |                          |          |                          |                          |               |                          |                          |  |
| b. Squat  | <input type="checkbox"/> | <input type="checkbox"/>  |  |   |   |   |   |                          |  |   |  |   |                   |                          |                          |         |                          |                          |          |                          |                          |          |                          |                          |               |                          |                          |  |
| c. Climb  | <input type="checkbox"/> | <input type="checkbox"/>  |  |   |   |   |   |                          |  |   |  |   |                   |                          |                          |         |                          |                          |          |                          |                          |          |                          |                          |               |                          |                          |  |
| d. Twist Body   | <input type="checkbox"/> | <input type="checkbox"/>  |  |   |   |   |   |                          |  |   |  |   |                   |                          |                          |         |                          |                          |          |                          |                          |          |                          |                          |               |                          |                          |  |
| 5. Patient has cognitive/mental limitations: <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes                    <input type="checkbox"/> No</li> </ul>  |                          |   |  |   |   |   |   |                          |  |   |  |   |                   |                          |                          |         |                          |                          |          |                          |                          |          |                          |                          |               |                          |                          |  |
| <b>OTHER OR ADDITIONAL INSTRUCTIONS AND/OR LIMITATIONS:</b> _____   |                          |   |  |   |   |   |   |                          |  |   |  |   |                   |                          |                          |         |                          |                          |          |                          |                          |          |                          |                          |               |                          |                          |  |
| <b>RETURN TO WORK DATE:</b> _____   |                          |   |  |   |   |   |   |                          |  |   |  |   |                   |                          |                          |         |                          |                          |          |                          |                          |          |                          |                          |               |                          |                          |  |
| <b>ANTICIPATED DURATION OF RESTRICTION:</b> _____   |                          |   |  |   |   |   |   |                          |  |   |  |   |                   |                          |                          |         |                          |                          |          |                          |                          |          |                          |                          |               |                          |                          |  |
| <b>FOLLOW-UP APPOINTMENT DATE:</b> _____  |                          | <b>REFERRED TO:</b> _____   |  |   |   |   |   |                          |  |   |  |   |                   |                          |                          |         |                          |                          |          |                          |                          |          |                          |                          |               |                          |                          |  |
| <b>PHYSICIAN'S NAME</b> _____   | <b>ADDRESS</b> _____     | <b>TELEPHONE NO.</b> _____  |  |   |   |   |   |                          |  |   |  |   |                   |                          |                          |         |                          |                          |          |                          |                          |          |                          |                          |               |                          |                          |  |
| <b>PHYSICIAN'S SIGNATURE</b> _____  |                          | <b>DATE</b> _____   |  |   |   |   |   |                          |  |   |  |   |                   |                          |                          |         |                          |                          |          |                          |                          |          |                          |                          |               |                          |                          |  |
| <b>AUTHORIZATION TO RELEASE INFORMATION</b>   |                          |   |  |   |   |   |   |                          |  |   |  |   |                   |                          |                          |         |                          |                          |          |                          |                          |          |                          |                          |               |                          |                          |  |
| I hereby authorize my attending physician and/or hospital to release the above information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or his representative. I understand the restrictions above apply 24 hours per day and it is my responsibility to report my availability to work to my employer.   |                          |   |  |   |   |   |   |                          |  |   |  |   |                   |                          |                          |         |                          |                          |          |                          |                          |          |                          |                          |               |                          |                          |  |
| <b>PATIENT'S SIGNATURE</b> _____  |                          | <b>DATE</b> _____   |  |   |   |   |   |                          |  |   |  |   |                   |                          |                          |         |                          |                          |          |                          |                          |          |                          |                          |               |                          |                          |  |

## Appendix C

### Offer of Modified/Transitional Work Assignment Letter

To: [\[Employee Name\]](#)

From: [\[Coordinator Name\]](#)

Date: [\[Today's Date\]](#)

**Re: Offer of Transitional Modified Work Assignment**

---

Date of Injury:

Dear [\[Employee Name\]](#),

After reviewing information provided by your physician, we are pleased to offer you the following Transitional Modified Work Assignment.

Position:

Supervisor:

We believe this assignment is within your capabilities as described by your healthcare provider provided on the "Fitness for Duty" form that outlines your physical capabilities, skills and knowledge. Your expertise is of infinite value to [\[Agency/Institution\]](#).

The provider's release attached is made a part of the description of this Transitional Modified Work Assignment, and is to be strictly followed. Failure to follow any portion of the descriptions will be considered a violation of work rules and may result in disciplinary action. Know your restrictions and be aware of them at all times.

The Transitional Modified Work Assignment is effective until [\[Employee Name\]](#) next visit to the provider. It may be extended based on the provider's report; however, extensions may not exceed 120 days without authorization by Human Resources.

I have read and understand the terms and conditions of the Transitional Modified Work Assignment description. If I have questions, I will ask my Supervisor; any differences of interpretation will be brought to the attention of Human Resources. Refusal of this offer may impact your workers' compensation benefits. We look forward to your return to work.

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

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

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

## Appendix D

### Physical Demands Job Analysis Form (Example Form)

Job Title:

Work Area:

Date:

| I. Brief Job Description |
|--------------------------|
|                          |

| II. Job Tasks/Essential Functions |
|-----------------------------------|
| 1)                                |
| 2)                                |
| 3)                                |
| 4)                                |
| 5)                                |
| 6)                                |
| 7)                                |

| III. Equipment/Tools |  |  |  |
|----------------------|--|--|--|
|                      |  |  |  |
|                      |  |  |  |

| IV. Hazards/Environment |  |
|-------------------------|--|
| Hazards                 |  |
| Environment             |  |

| V. Physical Demands (Requirements) |                         |          |          |          |          |                         |          |          |          |
|------------------------------------|-------------------------|----------|----------|----------|----------|-------------------------|----------|----------|----------|
| Body Movements                     | Total Hours in 8-Hr Day |          |          |          | Physical | Total Hours in 8-Hr Day |          |          |          |
|                                    | 0-1<br>R                | 1-3<br>O | 3-6<br>F | 6-8<br>C |          | 0-1<br>R                | 1-3<br>O | 3-6<br>F | 6-8<br>C |
| Bend at Waist                      |                         |          |          |          | Lift     | 1-10 lbs                |          |          |          |
| Twist Upper Body                   |                         |          |          |          |          | 11-19 lbs               |          |          |          |
| Kneel                              |                         |          |          |          |          | 20-49 lbs               |          |          |          |
| Walk-Uneven Surface                |                         |          |          |          |          | 50+ lbs                 |          |          |          |
| Climb                              |                         |          |          |          | Carry    | 1-10 lbs                |          |          |          |
| Reach Above Shoulder               |                         |          |          |          |          | 11-19 lbs               |          |          |          |
| Repetitive Use of Hands            |                         |          |          |          |          | 20-49 lbs               |          |          |          |
| a) Squeezing                       |                         |          |          |          |          | 50+ lbs                 |          |          |          |
| b) keyboarding                     |                         |          |          |          | Push     | 1-10 lbs                |          |          |          |
| Operate Foot Controls              |                         |          |          |          |          | 11-19 lbs               |          |          |          |
| Endurance                          |                         |          |          |          |          | 20-49 lbs               |          |          |          |
| Sit                                |                         |          |          |          |          | 50+ lbs                 |          |          |          |
| Stand                              |                         |          |          |          | Pull     | 1-10 lbs                |          |          |          |
| Walk                               |                         |          |          |          |          | 11-19 lbs               |          |          |          |
| Talking                            |                         |          |          |          |          | 20-49 lbs               |          |          |          |
| Hearing                            |                         |          |          |          |          | 50+ lbs                 |          |          |          |

R= Rare (1%) O=Occasional (1-33%) F=Frequently (33-66%) C=Continuously (66-100%)

|                         |  |  |  |  |       |           |  |  |  |  |
|-------------------------|--|--|--|--|-------|-----------|--|--|--|--|
| Climb                   |  |  |  |  | Carry | 1-10 lbs  |  |  |  |  |
| Reach Above Shoulder    |  |  |  |  |       | 11-19 lbs |  |  |  |  |
| Repetitive Use of Hands |  |  |  |  |       | 20-49 lbs |  |  |  |  |
| c) Squeezing            |  |  |  |  |       | 50+ lbs   |  |  |  |  |
| d) keyboarding          |  |  |  |  | Push  | 1-10 lbs  |  |  |  |  |
| Operate Foot Controls   |  |  |  |  |       | 11-19 lbs |  |  |  |  |
| Endurance               |  |  |  |  |       | 20-49 lbs |  |  |  |  |
| Sit                     |  |  |  |  |       | 50+ lbs   |  |  |  |  |
| Stand                   |  |  |  |  | Pull  | 1-10 lbs  |  |  |  |  |
| Walk                    |  |  |  |  |       | 11-19 lbs |  |  |  |  |
| Talking                 |  |  |  |  |       | 20-49 lbs |  |  |  |  |
| Hearing                 |  |  |  |  |       | 50+ lbs   |  |  |  |  |

R= Rare (1%) O=Occasional (1-33%) F=Frequently (33-66%) C=Continuously (66-100%)

## Appendix E

### Bank of Transitional Modified Work Examples

- Inspections:
  - Fire extinguishers
  - AEDs
  - Emergency eye washes and showers
  - 1<sup>st</sup> aid kits and cabinets
    - Ensure supplies are up to date
  - Ensure signage is adequate
    - Emergency shelters
    - AEDs
    - Fire extinguishers
    - Exits
  - Equipment
    - Ensure guards are adequately in place
    - Ensure in good working order
  
- Office Tasks
  - Data entry
  - Scan documents
  - Sort mail
  - Paperwork and filing in the office
  - Mailings
  - Shred documents
  - Assist with upcoming projects
  
- Maintenance Tasks
  - Light housekeeping and custodial work
  - Perform touch up paintings on items such as picnic tables
  - Organize and sort parts
  - Clean tools
  - Trim flower beds
  - Update Safety Data Sheets
  - Sort parts in the stores department
  - Assist in stock rooms
  - Clean parking lot
  - Clean safety cabinets
  - Label and organize materials
  - Write orders in receiving
  - Deliver packages from receiving
  - Paint aisle markings
  
- Inventory Tasks
  - Tally items in stock, what needs to be ordered
  - Inventory parts, supplies, and/or tools